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by the horizal or attending physician.

BALTIMORE, MARYLAND 21215-0020

1. DECEOENT'S NAME (First, Middle, Lest 2. DATE OF DEATH MONTH 3. TIME OF DEATH 45AM 23 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 1 M 2 - F DAYS HOURS 424096530 08-17-20 Maryland 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH City University Hospital FUNERAL DIRECTOR Baltimore 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY ch es7 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2 S 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri 1 Never Married 2 Married
3 Widowed 4 Divorced Specify: BY white 16a. OECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co ndary (0-12) College (1-4 or 5+) C & P Telephone Cable Maintenance Sup 11 18. MOTHER'S NAME (First, Middle, Malden Surname) 17. FATHER'S NAME (First, Middle, Last, Jean Rice Ray Augusta Finch BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21102 2 2620 Bert Fowler Rd., Manchester, Md. Finch Dorothy V. 20a. METHOD OF DISPOSITION

1 Burial 2 Cremetion 3 Re
4 Donation 5 Other (Specify) 20c. LOCATION - City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Mem Gardens
22. NAME AND ADDRESS OF FACILITY 10/92 Finksburg.Md 02 Evergreen 21. SIGNATURE OF FUNERAL SERVICE LICE 21117 Eckhardt Funeral Chapel 11605 Reisterstown Rd Owings Mill 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Desth IMMEDIATE CAUSE (Final DUE TO (OR AS A CONSEQUENCE DF): disease or condition reaulting in death) etastatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 TORO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: ng Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending Investigat M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29s. CERTIFIER

Thack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Owner 31. DATE FILED (Month, Day, Year)
FFR 7 '92 30 REGISTRAR'S SIGNATURE And Re-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

After this certificate has bo death with the State Dept.

DIRECTOR: A

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A viours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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FOR 1 - STATE REGISTRAR		STATE OF MAR		DEPARTMEN			MENTAL	HYGIENI REG. NO.	E			
1. OECEOENT'S NAME (First, I		Grauling					2. OATE O		Y YE	AR	E OF OEATI	1 A M
4. SOCIAL SECURITY NUMBE 216-46-200	5.	SEX 6. A	GE (In yrs. last i	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month)	F BIRTH Day, Year)	6	BIRTHPLACE Country)		neign .
9a. FACILITY NAME (If not inst 3453 Tyle: RESIDENCE OF DECI	Court	and number)				R LOCATION OF DE	EATH		9c. COUNTY			
Maryland	Howar	d		Ellico	tt C	Lty		*		1 🗆	NSIDE CITY IMITS? YES 2	NO
3453 Tyler	-	. WAS DECEMENT EV	ED IN HE ADM	ieo I.		ZIP CODE 21042 ENDENT OF HISPAN	NC OBION	/Specify Vac	U.S			
3 Widowed 4 Olvoro	arried	FORCES? 1 1 1	ES 2 NO		If yes, sp	city Cuban, Maxica	n, Puarto R			Black, White Specify: W	ı, etc.	
15. OECE (Specify only Elementary/Secondary (0-1) 17. FATHER'S NAME (First, Mice	DENT'S EDUCAT highest grade con 2)	ON opleted) college (1-4 or 5+)	(GM	EDENT'S USUAL to kind of work do to NOT use retired emaker	ne durina mo	IN at of working	16b.	KIND OF BUS	SINESS/INDUST	FRY		
17. FATHER'S NAME (First, Mid	dle, Last)	(/)				18. MOTHER'S NA	ME (First, M	liddle, Maiden	Surname)			
Charles		р				Louis						_
C. Herbert	Print) Fraulin	g, Jr.	34	53 Tyle	er Co	irt, Ell:					2.	
20s. METHOD OF DISPOSITION 1 Donation 5 Other (3 🗆 Remove		other pled	on Parl		netery, crematory or			cation — city ltimor			
21. SIGNATURE OF FUNERAL	SERVICE LICEN	SEE WAS	P.		HARR	D ADDRESS OF FA H. WIT: Ld Colum	ZKE F	UNERA	L HOME			210
23. PART I. Enter the dissession of the immediate CAUSE (including in death) Sequentially list condition resulting in death) Sequentially list condition of the immediate cause. Enter UNDERLY! CAUSE (Disease or Impurity that initiated events resulting in death) LAST	s	DUE TO (OR	on each lins.	UENCE OF): EXTEV	-	Urea			ied		Approximination in the control of th	ntweer
PART II Other significan	Step	per/USe	th but not re	eaulting in the	underlyin	g cause given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	COMP OF DE	AUTOPSY FI ABLE PRIOR LETION OF (EATH? YES 2	TO
25. WAS CASE REFERRED TO					26. P	ACE OF DEATH (C)	heck only on	•)				
EXAMINER?		IOSPITAL:	/Outpatient 3		IER: Nursing Hor	e 5 KRasidence	6 🗆 Othe	r (Specify)				
	ending	28s. DATE OF INJI (Month, Day, Y	URY ber)	26b. TIME OF INJURY	· W	URY AT ORK? YES 2 NO	28d. OES	CRIBE HOW	INJURY OCCUP	RED		
2 Outstan	could not be etermined	28s. PLACE OF IN building, etc.	JURY — At her (Specify)	ne, ferm, street,	factory, offic	9	28f. LOC City	ATION (Street or Town, State	and Number or	Rural Route N	lumber,	
onel only		LN: To the best of my On the basis of exami									manner as	stated.
296. SIGNATURE AND TITLE	OF CENTIFIER	Colu	Ocal			29c. LICENSE NU	MBER 2	_	29d. DATE S	IGNED (More	n, Day, Year)	
30. NAME AND ADDRESS OF	PERSON WHO	completed cause of	FOEATA (ITEM	27) (Type, Print) Ell/C	c# (ite M	D 7	1042	KOL	ODAL	BET	Z
31. DATE FILED (Month, Day, FEB 0 6	92	37. RESTRAN'S	SIGNATURE	Pandett.				_				

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DIVISION

	1. DECEDENT'S NAME (First, Middle, Last)	IRENE	M. GOLD	RING		2. DATE OF I			3. TIME OF DEATH
	/	RENE M	GOLZ	RING	3	O STH	O/	92	1250 P
	4. SOCIAL SECURITY NUMBER		'in yrs. lesi birthday)i	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day		8. BIRTH	PLACE (State or Foreign
	579 44 1850	1 D M 2 TX F	78 YAS.	UNITE DATE	HOURS MIN.		13		yland
TOR	99. FACILITY NAME (If not institution, give a SOUTHERN PRESIDENCE OF DECEDENT	MD. 1408P			TON	HTAB		INTY OF DE	
DIRECTOR	10a. STATE 10b. COUNT Maryland Chai			dorf	TION				10d. INSIDE CITY LIMITS? TYX YES 2 NO
3AL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?
FUNER	_3006 Gallery 1				20602			USA	
5	11. MARITAL STATUS 1 📉 Never Married 2 🔲 Married	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	U.S. ARMED		CENDENT OF HISPA ecity Cuban, Mexic			14. RACE Black	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES ^A		2 NO Spec		337	Specifi Bla	
ED	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATION	ON	16b, KIN	D OF BUSINESS/IN		CK
COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work life, Do NOT use n	k done during mo etired.)	ast of working				
APL	12th		Homemal	ker		_ _ T	omesti	C	
Ö	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N		, Malden Surname)	~	
BE	Joseph S. (Goldring. S	r.		Car	rie G.	Nea1		
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street o	and Number or Rural	Route Number, C	ity or Town, State, Zi	p Code)	
	Sherry Goldrin	19	3006 (Galler	y P1.	Apt 1	8. Wal	dorf	MD. 20
	20a. METHOD OF DISPOSITION 1 To Burial 2 Cremetion 3 Rem		PLACE AND DATE OF I	place)		DATE	20c. LOCATION —	City or Tox	wn, State
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	St	Mary's		Ch Cem		2 Brya	ntow	n, MD
	Llaurd	m. Este	(a)	Ada	ıms Fun	eral H	lome, P		
	23. PART I. Enter the diseases, or	complications that cause	the death. Do not	enter Iha mo	de of dylng, su	ch aa cardiac	or reapiretory ar	rest,	Approximata
	IMMEDIATE CAUSE (Final	List only one cause on a	ach lina.						Onset and Deat
	disease or condition resulting in death)	TRROUGA	sible.	Co mu	_				days
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Ĕ	if eny, leading to immediate cause. Enter UNDERLYING								
RTIFICATION	CAUSE (Disease or Injury that initiated events	c. BUTTING	CONSEQUENCE OFF	itis					days
E	resulting in deeth) LAST			luro					
8		d. Respire	7						days
AL	PART II. Other algnificent condition			the underlyin	g cause given in	Part I. 24a	WAS AN AUTOPSY PERFORMED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC	Renal failur	à Nephos					YES 2 (NO		COMPLETION OF CAUSE OF DEATH?
ME	History of No	versible ou	rway dis	egeo					1 - YES 2 - NO
AN:		adjournalor	distante	arts	sitis co	STOUGA	distiss		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PI	ACE OF DEATH (C	heck only one)			
7S	1 YES 2 NO	1 Inpatient 2 ER/Outp	atient 3 DOA 4	☐ Nursing Nor	e 5 🗆 Residence	6 Other (Spe	icify)		
F	27. MANNER OF DEATH 1 Nstural 5 Pending	(Month, Day, Year)	28b. TIME O	Y WC	PRK?	28d. DESCRIB	E HOW INJURY OC	CURED	
BY	2 Accident Investigation	28a DI ACE OF IN INCIDE	_ At he == 4		YES 2 NO				
0	3 Suicide S Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	ify)	wi, mutory, offic	•	City or Tox	l (Street and Numbe vn, State)	r or Rurel Ri	oute Number,
E	29a. CERTIFIER		May Kanazarana						
MP	(Check only CERTIFTING PHYSI	CIAN: To the best of my know							
8		R: On the basis of examination	entition investigation, I	in my opinion, d			place, and due to ti	he cause(a)	and menner as stated.
BE	206. SIGNATURE AND TITLE OF CERTIFIE	1			29c. LICENSE NU		29d. DAT		(Month, Day, Year)
2	20 NAME AND ADDRESS OF STREET	yran n	100		D1288	5 4		FEB	.1 1992
	30. NAME AND ADDRESS OF PERSON WH PETER W.YIM M				CIITMI	7 101	OT TRIMO	AT RE	20735
		.D. 7900 O	LD BRANC	II AVE	. SU III	TOT,	CTIMIC	NIA ' MI	HKILAND
	EED 04 TO	10. K .	son-Rendelle						
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3. TIME OF DEATH

2. DATE OF DEATH

BALTIMORE, MARKLAND 21215-0020	mours after death. Page 6 maybe represent the treatment or attending process.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, one Support the use as the burner permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 man and a property of the law requires that the death certificate be executed within 24 would be seen as the requirement of the law requires that the death certificate be executed within 24 would be seen as the requirement of the law r	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the : be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be matter at once

	Otho	William		Gri	ffin				January 2		992	8:28 A M
	4. SOCIAL SECURITY NUMBER 218-16-5202	5. SEX		. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
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œ	90. FACILITY NAME (if not institution Kent & Queen		# + o 1				OR LOCATI	ON OF DE	ATH		NTY OF DI	EATH
FUNERAL DIRECTOR	RESIDENCE OF DECEDE	NT S HOSP	Ital		cnes	stert	LOWN			Ke	nt	
HE		COUNTY				OR LOCAT	TION					10d. INSIDE CITY LIMITS?
ō	MARYLAND	KENT		WO	ORTO							1 TYES 2 NO
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BY FL	1 Never Merried 2 Merrie 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2	X NO	13.	If yes, sp	ecify Cuba 2 A NO	rı, Mexicar	IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No-		- American Indian, , White, etc. y: BLACK
	15. DECEDENT	'S EDUCATION	160	. DECEDENT'S	USUAL C	CCUPATIO	ON		16b, KIND OF BUS	INESS/INC	HISTOV	
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00	17. FATHER'S NAME (First, Middle, L	*							ME (First, Middle, Meiden			
8E	CHARLES GRIF								R. PRICE			
2	190. INFORMANT'S NAME (Type/Pris MILDRED GRIFF	*							Poute Number, City or Town			
	20e. METHOD OF DISPOSITION	714	000 000	CEANDDATE				, WO	RTON, MD.		_	
	1 N Buriel 2 Cremetion 3 4 Donetion 5 Other (Specific	Removal from State	cemetery	cremetory or o	ther place	SHON (Na	CEMI	erred v	OATE 20c. LO	CATION —	Cily or Too	wn, State
	21. SIGNATURE OF FUNERAL SERV			OHIV	22.	NAME AN	ID AODRE	SS OF FAC	BENNIE	CMITI	J CEL	NICEC
	1 SI	Daine	>									
	23. PART I Enter the disease	pa, Dr complications that	t caused the	death. Do r	not anter	o 1 the mo	SO. I	MAIN	ST. HURLO	CK, I	MD 21	643 Approximata
	shock, or heart for immediate cause (Final disease or condition reculting in death)	Prei	(OR AS A CON	JIM				1	17.			Interval Between Onset and Death
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		\							_			1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MED	ICAI T					100.00					
SICI	EXAMINER?	HOSPITAL:	EB/Outputles	2 🗆 🗖 🗖	OTHE	A:			ock only one)			
PHYSICIA	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	eldence	6 Other (Specify) 28d. OESCRIBE HOW IN	JURY OCC	CURED	
8Y P	1 Matural 5 Pendin 2 Accident Investig		ay, Year)	INJ	JURY M		RK? (ES 2	NO				
COMPLETED B	3 Suicide 6 Could determ	28e. PLACE Of building.	F INJURY — Ai etc. (Specify)	I home, lerm, :	street, lec	tory, office			28I. LOCATION (Street e City or Town, Stete)	nd Number	or Rural R	oute Number,
9	29e. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the heat of	en koowledse	doub come				Line year	ou conservation	20000000	0.0	
P. I		PHYSICIAN: To the best of examinER: On the basis of ex										and manner as stated
	29b. SIGNATURE AND TITLE OF CH							NSE NUM			-	(Morgin, Day, Year)
BE ((0)	1000	0	-			DI	66	188	> /	174	1197
2	30. NAME AND AODRESS OF PERS	ON WHO COMPLETED CAUS	SE OF DEATH	TEM 27) (Type,	he	~ N	1	1/1	0 21	12	7	
	31. DATE FILEO (Month, Day, Your)	1992 12. REGISTRA	R'S SIONATUR	E 70.	.00	~		71		02	V	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	HEGISTHAR		CENTIFI	CALE	L DEVI	п	HEG. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last)	e /	Sony				2. DATE OF DEATH DA		3. TIME OF DEATH
П	4. SOCIAL SECURITY NUMBER 5. S		yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER	A4 LIME	7. DATE OF BIRTH		THPLACE (State or Foreign
		M 2 F		HONTHS DAY		MIN.	(Month, Day, Year)	Cou	orida
	9a. FACILITY NAME (If not institution, give atreet a		1	9b. CITY, TOW	N OR LOCATIO	ON OF DE	EATH	9c. COUNTY OF	
DINECTOR	SOUTHERN MARYL	AND HOS	PITAL		CLIM	170	N	PRINC	E GEORGES
3	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY
- 11	MD Prince	George	Охог	n Hill					1 YES 2 X NO
MENAL	10e. STREET AND NUMBER				10f, ZIP CODE	E		10g. CITIZEN OI	F WHAT COUNTRY?
	8264 Brock Road				20745			U.S.A	١.
5		WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS I	ECENDENT O	F HISPAN	NIC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian, ack, White, etc.
		F YES, GIVE WAR OR DA			ES 2 NO				Black
2	15. OECEDENT'S EDUCATIO (Specify only highest grade comp	N leted)	18a. DECEDENT'S U	ork done during	ATION most of workin	ng .	16b. KIND OF BUS	SINESS/INOUSTRY	
		llege (1-4 or 5+)	iiie. Do NOT use				Destant		
OM P	12th		Brickla	ayer	40 14071	AFRIC MA	Private		
- 1	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden	sumame)	
	Jennings Gray		1				nce Evans		
2	12.						Route Number, City or Town		
	Virginia Wallace					e.,	Forestvill		
	20e. METHOD OF OISPOSITION 1	rom State of c	PLACE AND DATE emetary, crematory of app Fune	or other place)		1 /		CATION — City of	ring, MD
	21. BIGNATURE OF FUNERAL SERVICE LICENSE		app rune.		AND ADDRES			LIVEI DE	ring, no
	· Untot	1	899				neral Home		
CENTIFICATION	immediate cause (Fine) disease or condition resulting in desth) Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF	AR	TER 447	7	DISEA	1E	Onset and Death
2	cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	ME	- [[111	15		
	reaulting in death) LAST	CAR	Diom	14/7/	PATI	+	/		
3	PART II. Other significant conditions co	ntributing to death be	ut not resulting i	n the under	ving ceuse	given in	Part I. 24s. WAS AN	AUTOPSY 2	24b. WERE AUTOPSY FINDINGS
5	14	EROTTE	LIGAR	TN	CEA	CC	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ן בַּ		02	17	7. (2)	300		1 YES 2		OF DEATH?
Ξ	1100000	66-10	700)				N	1 NES 2 NO
إ	25. WAS CASE REFERRED TO MEDICAL	CHAINC	1100						
PHISICIAN	EXAMINER?	SPITAL:		OTHER:	, PLACE OF D	EATH (C	neck only one)		
2		Inpatient 2 ER/Outp		-		asidenca	8 Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	URY	INJURY AT WORK?	□ NO	26d. DEŞCRIBE HOW I	NJURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, a	treet, factory,	offica		28f. LOCATION (Street City or Town, State)	and Number or Rui	al Route Number,
COMPLEIED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	: To the best of my knowl							se(s) and manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	John	MA		29c. LIC	ENSE NU	MBER 77 4 4	DATE SIGN	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO	(IM)	913	31415	CAG	AN	PYRP	cein	Ton mD
	31. DATE FILE AN 3 1 1 1992	32. REGISTRARIE SIGN	son-Randal	e.					

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within account after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, the filed within 72 hours after death with the State Gett. of Heath and Merital Hygiene prior to burial, cremation, or removal, IMPORTANT: If item 28 is marked, or item 23 shows any Inlury, or other traumatic event, the medical examinar must

1.	OECEOENT'S NAME (First, Mirrora I and	Evely	m _E.	Gain	es				TE OF OEATH		YEAR 2	3. TIME OF DEATH
	SOCIAL SECURITY NUMBER 719-03-1797 A FACILITY NAME (If not institution, give	1 - M 2.	6. AGE (In yrs. ler 81.	st birthday) YRS.		AYS	HOURS MIN.	Oct	TE OF BIRTH onth, Day, Year) Cober 1		Country)	shington D
	Greenbelt Nursi						enbelt	EAIN .				George's
10	e. STATE 106. COUNTY Char			1	y, town on i		DN					10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
10	5005 Nicholas	Road				101. 2	20601				S.A.	HAT COUNTRY?
11	MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEOENT FORCES? 1 [IF YES, GIVE WA	YES 2-	RMED	If y	es, spec	NDENT OF HISPA	en, Puer			Black, Specify	American Indian, White, etc.
	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)		(0	ECEDENT'S Give kind of to b. Do NOT us	usual occi work done duri se retired.)	UPATION ing most	of working	T	18b. KIND OF BU			istar.
	8th	N/A	Н	omema	ker					Но	me	
17.	FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N					
	David Meredi		19	b. MAILING	ADDRESS (S	Street and	Huld		ebster Jumber, City or Tow		Code)	
	Raymond D. Gain		20h BLACE		e as 1		tery, cremetory or		200.10	CATION — CI	fu or To-	un State
	DATABLE THOO OF DISPOSITION Surial 2 Cremation 3 Re Donation 5 Other (Specify)	moval from Stata	other p	lace)								
1	. SIGNATURE OF FUNERAL SERVICE	Ola .	la -		22. NA	ME AND	ADDRESS OF F					nton, Md 20
2	3. PART I. Entar the diseases, o				not antar th	a mod	a of dying, su	ch as c	ardiac or resp	iratory arre	st,	Approximata
d	shock, or heart failure MMEDIATE CAUSE (Finel Iseese or condition esulting in death)		ard	rice		r	rest	-				Interval Between Onset and Death
	equentially list conditions,	ъ	OR AS A CONSE									
o C	eny, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initieted events esuiting in deeth) LAST	¢	OR AS A CONSE									
P	ART II. Other eignificant condition	ons contributing to	deeth but not	reculting H'VE	in the under	eriying	cause given in	Part i	. 24a. WAS AI PERFO 1 — YES	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25	S. WAS CASE REFERRED TO MEDICAL					26. PL/	CE OF OEATH (C	heck on	y one)			
	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	g Home	5 - Residence	8 🗆 (Other (Specify)			
27	7. MANNER OF DEATH 1	28a. DATE OF (Month, Da		28b. TIR	JURY	8c. INJU WOF 1 YI		28d.	DESCRIBE HOW	INJURY OCCU	JRED	
	3 Suicide 8 Could not 1 4 Homicide determined		F INJURY — At h atc. (Specify)	ome, farm,	street, factor	y, office			LOCATION (Street City or Town, State		r Aural Au	oute Number,
25	one)	YSICIAN: To the beat of INER; On the beats of ax										and menner as stated.
	Bb. SIGNATURE AND THE OF CERTIF	in te	no				29c. LICENSE NI	75	572	•	1/20	(Month, Dey, Year)
30	David Sr	anite,				ru	vay g	re	enbel	t mi	20	0770
31	I. DATE FILED (Month, Day, Year) 199	2 32. BUGISTRA	Davidature	Aanda	00							

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BALTIMORE, MARYLAN	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be the distribution to the control of the control	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page a verying the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1 with	mplet,	vent
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	TO T	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPC

RYLAND 21215-0020

(by 1) septal or attending physician.

REGISTRAR			ERTIF	TMENT OF	DEA	TH	REG. I		1	
DECEDENT'S NAME (First, Midd							2. DATE OF DEATH	DAY	YEAR	OF DEATH
Raymon								29		40 P
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEAR	HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	,	8. BIRTHPLACE (Se Country)	ate or Foreign
577-36-8963	1 × M 2 - F	80	YRS.				Feb.	8,1911	l Panam	а
. FACILITY NAME (If not institution	A			9b. CITY, TOWN	OR LOCAT	ION OF DE	EATH	9c. COUN	TY OF DEATH	
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De. STATE 10b.	COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INS	DE CITY
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Maryland Pr	cince Geor	ge's	Пр	per Ma	rlbo			I 10a CITIZ	ZEN OF WHAT COU	Y
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Never Merried 2 Merri	FORCES?	1 YES 2		If yes, o	pecity Cubi	en, Mexica	NIC ORIGIN? (Specify an, Puerto Rican, atc.)		Black, White, e	
₩idowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 🗆 YE	S 2 XNO	Specif	y:		Specify:	
16 DECEDEN	IT'S EDUCATION	16a D	ECEDENT'S	USUAL OCCUPAT	ION		185 KIND OF	BUSINESS/IND	Caucasi	an
(Specify only high	est grade completed)	S	Give kind of v	work done during n	nost of work	ing	33302.00			
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12+b 7. FATHER'S NAME (First, Middle,	N/A		Cus	todian	10 140	THEO IS A .	ME (First, Manne		1. 1 .	
- wei-ell esteve					10. MO		(, , , , , , , , , , , , , , , , , , ,			
	er Gramlio						die Albe			
90. INFORMANT'S NAME (Type/Po							Route Number, City or	Town, State, Zip	Code)	
	R. Gramlio	ch, Jr.	Sa	ame as	10	A-F				
0a. METHOD OF DISPOSITION Burlel 2 Cremation 3	☐ Removal from State			E OF DISPOSITIO	N (Name		2 DATE 200	LOCATION	City or Town, State	
☐ Donation 5 ☐ Other (Spec		Onink	y, cromatory	Fnica	nal	Ch	Com	Forest	ville,	Md.
1. SIGNATURE OF FUNERAL SEI	RVICE LICENSEE	Abribi	idity	22. NAME	AND ADDR			Fune	ral Ho	me. I
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MMEDIATE CAUSE (Finel	ses, or complications th fellure. List only one ce			6633 Mary not enter the ri	Old ylan iode of di	Ale d 20 ying, suc	exander 1735 ch es cardiec or re	Ferry	est, Ap	proximate ervai Betwe
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT (F HEALTH AND OF DEATH	MENTAL HYGIEN	IE	04508			
	1. DECEDENT'S NAME (First, Middle, Last)	Are	6	iles	2. DATE OF DEATH	AY 0'-	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. las	YRS. MONTHS D		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Lash, D.C.			
TOR	Southern MI).	Medicale		1:Nton	MD.	P. C	T.			
DIRECTOR	10a. STATE 10b. COUNTY	G	10c. CITY, TOWN OR L	OCATION LIANCI MI	0		10d. INSIDE CITY LIMITS? 1 See 2 No			
FUNERAL	5 100 S.W. +/3	HND RD.		101. ZIP CODE	16	10g. CITIZEN	OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	O If ye	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2 NO Speci		n or No.— 14.	RACE — American Indian, Black, Whita, atc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12) 2 7/1	pleted) (Gi	CEDENT'S USUAL OCCU ve kind of work done durin Do NOT use retired.)	PATION g most of working	16b. KIND OF BU	SINESS/INDUST	RY			
BE CO	17. FATHER'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (Type/Print)	5tewart			Beatla	5	mith			
2	William G	iles	5100 5	vitland,	ROUTE Number, City or Tow RD. SUITIF					
	26a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b.PLACEA cemetery, cres	ND DATE OF DISPOSITION NATURE OF OTHER PROPERTY OF OTHER PROPERTY OF THE PROPE	NINAMOOI he I fan Ham metory	1-24-92 54	etten ha	1			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	morton #	22. NAM	E AND ADDRESS OF FA	CHITY CAPI	+01 n	PORTUARY N.E.			
	23. PART I. Enter the disease or compands, or heart millure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused the day only one cause on each line.	Tous	moda of dying, aud DVVe	th se cardiac or reap	retory arrest,	Approximata interval Batween Onset and Daeth			
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST									
41	PART II. Other significant conditions on	entributing to death but not re	sulting in the under	lying cause given in	Part I. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICA					1 [] YES 2		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINERY HO	SBPTAL:	OTHER:	S. PLACE OF DEATH (Ch						
	27. MANNER OF DEATH 1 S Maturel S Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c	Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	D			
TED BY	2 Accident Investigation 5 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At bon building, etc. (Specify)		YES 2 NO	28f. LOCATION (Street a City or Town, State)	and Mumber or R	ural Plaulie Numbec			
COMPLETED	29a. CERTIFIER (Check only arter) 2 MEDICAL EXAMINER: Or	: To the best of my knowledge, des	th occurred at the time,	data and place, and due	Io the cause(s) and mar	ther as stated.	use(a) and manner as stated.			
BE	296. SICHARDINE AND TIPLE CO CENTIFIER	1		29c LICENSE NUI		29d. DATE SIG	NED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITEM	27) (Type, Print) be 17-40	7 Chid	on, MD					
	JAN 27 1992	32. FEGISTRATS GIRNATURED &								

3. TIME OF DEATH 5:15

REG. NO.

2. DATE OF DEATH MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	4. SOCIAL SECURITY NUMBER	R	5. SEX	i .	In yrs. last birthd	MONTHS	R 1 YEAR	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI Country)	ACE (State or Fo
	578-20-8126		1 M 2 F		80 YR	B. MONTHS	DAYS	HOURS	MIN.	Aug. 20,	191		yland
g.	9e. FACILITY NAME (If not inst	ttution, give s			1 .	9b. CIT	Y, TOWN	OR LOCATI	ON OF D	EATH	9c. COL	NTY OF DEA	TH
5	RESIDENCE OF DECE	74:	SHI	DSP	ital	16	201	na	rd	town	5	t. /	Mari
DINECT	10a. STATE	10b. COUNT			10c.	CITY, TOWN	OR LOCA	TION				1	Od. INSIDE CITY
5	Maryland	St. I	Mary's			Colto	ns P	oint					LIMITS?
7	10e. STREET AND NUMBER						10	f. ZIP COD	E		10g. CIT		AT COUNTRY?
ERAL	Box 53							206	26			U.S	5.A.
LONG	11. MARITAL STATUS		12. WAS DECEDEN			13				NIC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indi White, etc.
BY	1 Never Married 2 No 3 Widowed 4 Divorce		IF YES, GIVE Y	WAR OR DA	ATES			2 NO				Specify:	
ED		DENT'S EDU			16a. DECEDEN	T'S USUAL (OCCUPATION	ON		16b. KIND OF BUS	INESS/IN	Whit	te
	(Specify only : Elementary/Secondary (0-1		completed) College (1-4 or 5	+1	(Give kind	of work done T use retired.	during mo		ing	100.11.10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0001111	
COMPLET	10th Grade	-		"	Wa	arehou	ısema	an		Drug	Sto	ore	
ģ	17. FATHER'S NAME (First, Mid	idle, Last)						18. MOT	HER'S NA	AME (First, Middle, Maiden	Sumame)	_	
BE	Joseph		oll G	388				E	lla	Mae	C	ulling	2
0	190. INFORMANT'S NAME (Typ	74.0			19b. MAIL	ING ADDRES	S (Street	and Number	r or Rural	Route Number, City or Town	n, State, Zi	p Code)	
	Richard C. (Box	202.	Aven	ue.	Mary	land _ 2060	9:	inn 3	7211
	20a. METHOD OF DISPOSITION	3 🗆 Rem	oval from State	cem	PLACE AND DA	or other place	1					City or Town	
	4 ☐ Donation 6 ☐ Other (S		SEMPER A		harles	Memo	rial	Gard	dens	2/13/92 L	eona:	rdtow	. Mary
	21. SIGNATURE OF POWERAL	2 P	2 L I					nd ADDRE		rdiner Fune	eral	Home	Рλ
	Machae	loke	Hardy	rev		P	.0.	Box	x 27	0, Leonard	town	Mary	land 2
CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	g			CONSEQUENC					efasur	bo	tion	
MEDICAL CE	PART II. Other significan	t condition	a contribution to	death be	ut not resulting	ng in the u	nderlyin	g cause (given in	Part I. 24a YAUS AN PERFOR	MEO?	0	ERE AUTOPSY F
AN:			1										
0	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	NOSPITAL:			OTHE		LACE OF D	EATH /C/	eck only one)			
PHYSI	1 [] YES 2 NO		1 Inpetient 2	☐ ER/Outpi	ellent 3 🗆 DO			* # [] R	esidence	6 ☐ Other (Specify)			
	TANGEN S A	ending veetigation	28s. DATE Of (Month, I	Day, Mear)	266.	TIME OF INJURY M	WC	HURRY AT DRK7 YES 2] NO	28d. DESCRIBE HOW I	NJURY OC	CURED	
ED BY	3 Dividide 6 0	ould not be	28s. PLACE C building.	of INJURY	Al home, far	m, street, te	tory, offic	•		28f. LOCATION (Street a City or Jown, State)	nd Numbe	r or Runii Roo	te Number
Ē.		resembled.								Column Secretarion			
COMPLETED	(Check only) CERTIFICATION	YING PHYSI	CIAN: To the best of	t my knowl	ledge, death occ	urred at the	time, deta	and place	, and due	to the cause(s) and man time, date and place, an	over me also	nted.	
	29b. SIGNATURE AND TITLE C		-			7	opinion, e	_					
BE	THE STATE OF THE STATE OF	A	1	2	./			296. DO	ENSE MU	S / 7	296. DAT	E SIGNED (N	tonery Day, Warry
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CALL	SE OF OF	ATH OTEM 27 (ive@_ecvi	_	0	17	711		110/	92
	hmos	Bo	(lal)	06	D	V)	200	100	140			,	
	31. DATE FILED Month. Day 30	eri	32. REGISTRA	AR'S SIGNA	ATURE .		7170	41	4 10				
	FEB 1 2	92	guliuv	Javidso	or-Nanda	Olar							

ULLINS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

U	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely hired in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	SUDDITIANT: If ham 28 is marked or liem 23 shows any injury or other fraumatic event the medical
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	-:	cate	Stati	ign
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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENE REG. NO.	:	
	1. DECEDENT'S NAME (First, Middle, Last) DISMINIS	THOMAS	GE.	T		2. DATE OF DEATH MONTH DAY	5 13	3. TIME OF DEATH
)	218-06-5859	5. SEX 6. AGE (In yrs. leat birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Vietnam
DIRECTOR	9a. FACILITY NAME (If not institution, give a	treet and number) E AV	<u>E</u>	96. CITY, TOWN C	TM J'N	VSTER	OF CA	OF DEATH NNDLL
MEC	10e. STATE 10b. COUNT	roll	10c. CITY	Westmi				10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	TULL			, ZIP CODE			1 YES 2 NO
BY FUNERAL	115 Elaine Ave 11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES, GIVE WAR OR DA	2 NO	If yes, sp		IIC ORIGIN? (Specify Yee on, Puerto Rican, etc.)	U . S or No.— 14.	RACE — American Indian, Black, White, stc. Specify, ASIAN
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade ElementerytSecondary (0-12)	CATION o completed) College (1-4 or 5 +)		USUAL OCCUPATION OF RETIRED.)		16b. KIND OF BUSI	NESS/INDUST	
E COM	17. FATHER'S NAME (First, Middle, Last) Steven Dennis	Gist				ME (First, Middle, Meiden S		
TO B	19a. INFORMANT'S NAME (Type/Print) Mr. Steven D.	Gist				Route Number, City or Town, e, Westmi		, Md. 21157
Tenan I	20a METHOD OF DISPOSITION Buriel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	noval from State	other place) ee R Pai	ck Ceme	tery	1/7 We	stmin	or Town, State
CABIIIII	21. SIGNATURE OF FUNERAL SERVICE LI					eral Home		napel minster, MD
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	B. DUE TO (OR AS A DUE TO (OR AS A C.	ech lina.	<i>NOUN</i> n:		n aa cardiec or respir	atory arreat	Approximate Interval Between Onset and Death
MEDICAL	PART II. Other significant condition	na contributing to death b	out not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN / PERFORI 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1. YES 2 \(\subseteq NO	HOSPITAL:		OTHER:	ACE OF OEATH (Ch			
8	27. MANNER OF DEATH 1 Netursi 2 Accident Investigation 3 Suicide 8 Could not be determined	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	92 100 - At home, ferm,	E OF URY WO	URY AT PRICE 2 NO	8 Other (Specify) 28d. DESCRIBE HOW IN BUNSH 28f. LOCATION (Street e. City or Touch, Street)	orz	NOUND
COMPLETED	000)	SICIAN: To the best of my know ER: On the basis of axaminatio						euse(e) end menner aa stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND AGGRESS OF PERSON W	seller	M)	Print) (A	29c. LICENSE NUI	199b	29d. DATE SI	IGNEO (Month, Day, Year)
	DANIE) TV 31. DATE FILEO (MONTH, Day, Year) FER 1 0 '92	J Z LL) VYS J 32. REGISTRAR'S SIGN Julia Davidson-1	e mi	2 1	ESTA	1) NS) F	E PL	MO21157
	FFB I U JZ	The sound was -						

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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF FICATE O	HEALTH AND I	MENTAL HYGIEN REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last Ronald J		ino			2. DATE OF DEATH MONTH FEB	AY 1	3. TIME OF DEATH 992 2:12	н Р т
)	4. SOCIAL SECURITY NUMBER 221-20-5043	1 💢 M 2 🗆 F	(In yrs. lest birthdey) 57 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 9/24/1934	1	B. BIRTHPLACE (State or For Country) New Castle,	
TOR.	90. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH		Y OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland Ce	w ecil		ry, town on Loc	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 X	HO
FUNERAL	100. STREET AND NUMBER 211 Woolens Ro	1.			101. ZIP CODE 21921			EN OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR C	2 X NO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexican ES 2 X NO Specify		-	4. RACE American India Black, White, etc. Specify: White	n,
PLEIED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12 Yrs	UCATION de completed) Collège (1-4 or 5 +)	Contrac	s USUAL OCCUPAT work done during r ise retired.) tor & Develope	most of working	166. KIND OF BUS	siness/indu	STRY	
E COMPL	17. FATHER'S NAME (First, Middle, Lest) Aldo Gibelli	no		Develop	16. MOTHER'S NAI	ME (First, Middle, Maiden a Marcozzi	Surneme)		
10 B	19e. INFORMANT'S NAME (Type/Print) Z. Kaye Troutt (Sibellino			s Rd., Ell	Noute Number, City or Tow.	n, State, Zip C	Code)	
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rei 4 Donation 6 Other (Specify)	moval from State	p. PLACE AND DATE metery, crematory or o racelawn	of disposition (in the colored Page 1) of the	Neme of ark			ty or Town, Stata	re
	21. SIGNATURE OF UNERAL SERVICE L	Smith, Jr.		Spice	and address of facer - Mullik: uPont Pkwy	in Funeral y., New Ca	Homes	s, Inc. DElaware	
N	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR %)	A .	MY	noda of dying, such	n as cardiac or reapi	ratory arrea	Approximatinterval Be Onset and	twee
ERIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	CONSEQUENCE O					- Cycle	
MEDICAL C	PART II. Other significant condition	Dealers	July	In the underlying	ng cause given in i	Part I. 24e, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIN AWAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOU	HOSPITAL: 1 Inpatient 2 ER/Out	patient DOA	OTHER:	PLACE OF DEATH (Che				_
ВУ РНУ	27. MANNER OF SEATH Natural 5 Pending Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		M 1	AJURY AT VORK? YES 2 NO	26d. DEŞCRIBE HOW IN	JURY OCCUI	RED	
ETED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spec	— Al home, farm,	street, factory, offi	Ica	261. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,	
COMPL	29a. CERTIFIER (Check only one) CERTIFYING PHYS	BICIAN: To the best of my know ER: On the basis of examination	ledge, death occurr n end/or investigation	ed at the time, dat on, in my opinion,	te and place, and due t death occured at the t	to the cause(a) and man lime, date and piece, and	ner as stated. I due to the c	cause(a) and menner as sta	ted.
TO BE	290. BIGHATURE AND TITLE OF BERTHIN	Show	1 1	110	299 LICENSE NUM	BER 12	29d. DATE S	SIGNED (Month, Day, Year)	
	Peter S. Stavra				kton, Mar	yland		7	
	31. DATE FILED (Month, Day, Year)	32. PEGISTRAR'S SIGN							-

Carl Harris

1 -	1. DECEDENT'S NAME (First, Middle							2. DAT	REG. NO.		YEAR	3. TIME OF DEATH	
1	IRENE IS	SABELLE GORDO						1	4	199	2	12:25A	ų
	215-09-9324	5. SEX 1 M 2 XX	AGE (In yrs. la 92		IF UNDER 1 YE	AR FUNC	DER 24 HRS. MIN.	(Mon	E OF BIRTH nth, Day, Year) 21899	9	Country	PLACE (State or Foreign vland	
1	9a. FACILITY NAME (If not institution				96. CITY, TO	WN OR LOCA	TION OF DE		_ 1000	_	NTY OF DE		
ROLL	RESIDENCE OF DECEDE	Memorial H	lospi	ta1		East	on			T	albo	t	
DIREC	10a. STATE 10b.	COUNTY			TOWN OR L	OCATION						10d, INSIDE CITY LIMITS?	
SAL	100. STREET AND NUMBER 11 North Auror	ra				101, ZIP CC				N. P.	ZEN OF W	1 YES 2 NO	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Marrie 3 X Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X	RMED NO	It ye	DECENDENT	OF HISPAN	n, Puerto	IN? (Specify Yea Rican, etc.)		14, RACE	- American Indian, White, etc.	
ED	15. DECEDENT	T'S EDUCATION est grade completed)	16a, Da	CEDENT'S US	SUAL OCCU	PATION		16	b. KINO OF BUS	SINESS/IND	USTRY	WILLCE	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		Dusewi		g most or wo	King						
ш	17. FATHER'S NAME (First, Middle, L Samuel E. Har								Middle, Maiden	Surname)			
TO 8	19s. INFORMANT'S NAME (Type/Pri		219	Plumb	Poin				mber City or Town	n, Statu, Zip	Code)		
	20a METHOD OF DISPOSITION 1 ABurial 2 Cremation 3	☐ Removal from State	cemetery, cre	AND DATE OF metory or othe	DISPOSITION or place)	N (Neme of	Groui	OA.		CATION —		vn, State	
	4 Donation 5 Other (Special Signature OF Funeral Service)		Sher	vood C	emete	TY E AND ADDR	ESS OF EA	1-	7 Sher	cwood	, MD	21665	
													_
	-1-11	D me	- 000	200		wnam	Funer	al I					
	23. PART i. Enter the disease shock, or heart for	es, or complications that co	RCF	ath. Do not	20	wnam 0 S.	Funer Harri	al I	St B	Easto ratory arr	n, M	D 21601 Approximata	
	23. PART I. Enter the disease shock, or heart for IMMEDIATE CAUSE (Finel disease or condition	es, or complicationa that ca allure. List only one cause	on each ilne	eath. Do not	20	wnam 0 S.	Funer Harri	al I	St B	Easto ratory arr	n, Mi		
	23. PART I. Enter the disease shock, or heart for IMMEDIATE CAUSE (Fine)	es, or complications that confidence. List only one cause	on each ilne	eath. Do not	20	wnam 0 S.	Funer Harri	al I	St B	Easto ratory arr	n, Mi	Approximata interval Between	
NTION	23. PART I. Enter the disease shock, or heart for immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. PA EJ DUE TO (OF	on each ilne	DUENCE OF):	20	wnam 0 S.	Funer Harri	al I	St B	Easto ratory arr	n, Mi	Approximata interval Between	
TIFICATION	23. PART I. Enter the disease shock, or heart for immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. PKEJ DUE TO (OF	on each line	OUENCE OF):	20 t anter the	wnam 0 S.	Funer Harri	al I	St B	Easto ratory arr	n, M	Approximata interval Between	
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BALTIMORE, MARYLAND 21215-0020	hin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	; certificate has been signed by the attending physician and completely filled in by the funeral manual product of the Stan Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral complete prior to burial, cremation, or removal.	IMPORTANT If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIE REG. N			
		RRIGAN		2. DATE OF OEATH MONTH Jan. 19		3. TIME OF DEATH 11:10 P.	
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	MALLER Day March	1001	BIRTHPLACE (State or Foreign Country)	
579-48-1775 9a, FACILITY NAME (If not Institution, g			b. CITY, TOWN OR LOCATION OF		1901	Maryland	
	gham Circle		St. Michaels	JEAN T	Talbot		
RESIDENCE OF DECEDENT		10c. CITY.	TOWN OR LOCATION			10d. INSIDE CITY	
Maryland Ta	lbot	200107	Michaels			LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 9445 Mar 11. MARITAL STATUS			10f. ZIP CODE			N OF WHAT COUNTRY?	
9445 Mar	tingham Circle		21663		U.S.		
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISI If yes, specify Cuban, Mex 1 YES 2 NO Specific YES 2	ican, Puerto Rican, etc.)	res or No—	I. RACE — American Indian, Black, White, etc. Specify: White	
	EDUCATION grade completed)	16a. DECEDENT'S Us (Give kind of wo life. Do NOT use	rk done during most of working	16b. KIND OF E	BUSINESS/INDUS	STRY	
18. DECEDENT'S (Specify only highest to the secondary (0-12) 1 1 1 17. FATHER'S NAME (First, Middle, Las	College (1-4 or 5+) 1+	Bankin	,	Suburt	oan Tru	st Co.	
17, FATHER'S NAME (First, Middle, Las				NAME (First, Middle, Maid		77	
George W	7. Twigg		S	arah Ellen	Somers		
198. INFOHMANT'S NAME (Type/PTITE)			DDRESS (Street and Number or Ru				
Nancy L. Hab			Sox 688 St. Mic			21663 by or Town, State	
20a, METHOD OF DISPOSITION 1 Deurse 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	of cemetary, crematory or rlington N	lational Cem.	Jan. 231992	lington	, Virginia	
21. SIGNATURE OF FUNERAL SERVICE	Se LICENSEE	7	Harrison E. 312 S. Talbo	Leonard Fu			
disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF)	i'c car	site	ma	ed	
PART II. Other significant cond	d contributing to death	but not resulting in	the underlying cause given	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER?			26. PLACE OF DEATH	(Check only one)			
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/O	ripetient 3 DOA	OTHER: 4 Nursing Home 5 Residen	ce 6 Other (Specify)			
I I Natural 5 Pending	28s. DATE OF INJUR (Month, Day, Year	28b. TIME	OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	IRED	
2 Devotes	28e. PLACE OF INJU- building, etc. (S	RY — At home, farm, st pecify)	reet, factory, office	281. LOCATION (Stre City or Town, St	net and Number of ate)	r Rural Route Number,	
CONSUR UNITY			at the time, date and place, and , in my opinion, death occured at				
29b. SIGNATURE AND TITLE OF CER	-8. DIN	lassol DEATH/ITEM 27 (In	29c. LICENSE	NUMBER 38990	29d. DATE	SIGNED (Month, Dey, Year) - 21-92	
Charles E. Di			el Court. Eas	ton, Maryla	and 21	601	
JAN 2 3 19	92 Sura Sur	GNATURE Pandell					

BALTIMORE, MARYLAND 21215-0020	ours the death. Page 6 that he have be the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in to the property of the state of the state best, of Health and Mental Hygiene prior to burial, cremation, or remove	medical examiner regat be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Press and the hospital or afterding physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remove.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner required at once.

	REGISTRAR			O-11111	ICATE	OF DEA	10	REG.	VO.		
	1. DECEDENT'S NAME (First, Middle, Las	0			10111	0		2. DATE OF DEATH			3 TIME OF DEATH
	B. King		Hol:	lyday				January	14 1	992	8:20 A.M. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1		R 24 HRS.	7. DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign
	216-40-4916	1 (XM 2 □ F	95	YRS.	MONTHS	DAYS HOURS	MIN.	Aug. 14,1	896	Bre	merton, Wash
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	OWN OR LOCAT	ION OF D		_	9c. COUNTY OF DEATH	
DIRECTOR	Memorial Hosp	ital at E	aston		Ea	ston			Ta	lbot	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	1994									
E					Y, TOWN OR						10d. INSIDE CITY LIMITS?
	Maryland Ta	lbot		Si	. IVII C	haels					1 TES 2 NO
RA		010				10f. ZIP COD	_				WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	3ox 216				2166				S.A.	
	1 Never Married 2 Married	12. WAS DECEOEN FORCES? 1	EVER IN U.S.	NO	1111	res, specify Cubi	an, Maxica	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yea or No-	14. RAC Blac	E — American Indian, ik, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W			1 [YES 2 XNO	Specif	fy:		Spec	White
ED	15. DECEDENT'S EL		16a.	DECEDENT'S				16b. KIND OF	BUSINESS/IN	IDUSTRY	
<u> </u>	(Specify only highest gra	College (1-4 or 5 -	+)	(Give kind of a life. Do NOT us	work done du se retired.)	ring most of worki	ing				
4	12	4	P	oultry	Farn	er		Farm	ing		
COMPLET	17. FATHER'S NAME (First, Middle, Last)						HER'S NA	ME (First, Middle, Mail			
BE (Richard	Carmi chea	l Holl	yday		M	ary l	Holton			
0	19a. INFORMANT'S NAME (Type/Print)			19b, MAILING	ADDRESS (Street and Numbe	r or Rural	Route Number, City or	Town, State, Z	ip Code)	
1	B. King Hollyday			P.O.	Box 2	16 St.	Mic	haels, Ma	rylan	d 2:	1663
0	20a, METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Re	moval from State	20b. PLAC	CEANDDATE	OF DISPOSITI	ON (Name of		DATE 20c.	LOCATION -	- Cify or To	own, State
	4 Donation 5 Other (Specify)		Cap	itol (remat	ory :	1-15	-92 Do	ver,	Dela	ware
	21. SIGNATURE OF FUNERAL SERVICE	JCENSEE	0			ME AND ADORE				**	
	Homison	. Lumi	erl					eonard Fu			e <u>Md. 21663</u>
7.	23. PART I. Enter the diseeses, o	complications the	t ceueed tha	death. Do r	not enter th	e mode of dy	ing, auc	ch es cerdiec or re	opiretory e	ers.	Approximeta
	shock, or heart fallure IMMEDIATE CAUSE (Final	. List only one ceu	se on each ii	ine.						(Interval Batween Onast and Death
	disease or condition resulting in death)	· Artos	186:	01=	2	Cond	· DA	ascula	1	Dan 10	
	an addition	DUE TO	(OR AS A CONS	SEQUENCE OF	F):	(10.00		as and		- Clark	
Z	Sequentially list conditions	b									
	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE O										
NT.	If any, leading to immediate										
-ICATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	С									
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING	С	(OR AS A CONS	SEOUENCE OF	-):		_				
CERTIFICATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	С		SEOUENCE OF	F):						
AL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONS			rlying ceuse	given in		AN AUTOPSY	246	. WERE AUTOPSY FINDINGS
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	c. DUE TO	(OR AS A CONS			rlying ceuse	given in	PERF	ORMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	c. DUE TO	(OR AS A CONS			rlying ceuse :	given in	PERF		245	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	c. DUE TO	(OR AS A CONS			rlying couse	given in	PERF	ORMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant conditions to the conditions of the cause of th	c	(OR AS A CONS		in the unde	rlying ceuse	THE STATE OF THE S	PERF	ORMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	c. DUE TO	(OR AS A CONS	t resulting (on the unde	28. PLACE OF D	DEATH (Ch	PERF 1 YES	ORMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and the conditions of the conditions of the conditions of the conditions of the cause of	C. DUE TO d	deeth but no	3 COOA 28b. TIM	OTHER: 4 Nursing	28. PLACE OF D g Home 5 Ri GC. INJURY AT WORK? 1 YES 2	DEATH (Ch	PERI 1 YES 1 YES ock only one) 6 Other (Specify) 28d. DESCRIBE HOT	2 NO V INJURY OC	CORED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and investigation investigation investigation investigation and investigation investigation and investigation investig	DUE TO d. Done contributing to Property of the contributing to Done contributing to Done contributing to Property of the contribution of the	deeth but no ER/Outpatient INJURY INJURY — At etc. (Specify) my knowledge, camination and/o	28b. TIM bome, term, a death occurre or investigatio	OTHER: 4 Nursine Print) Court	29. PLACE OF D g Home 5 Ri ic. INJURY AT WORK? 1 YES 2 , office dete and pleca ion, death occur 39. UCL D2	NO N	PERI 1 YES 1 YES Cother (Specify) 28d. DESCRIBE HOTE City or Town, State to the cause(a) and retime, data and place,	ORMED? 2 NO WINJURY OC et and Numbe te) nanner as ats and dus to t 29d. DAI	occurrence of Aural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, and manner as stated.

STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND	MENT
	CERTIFICATE OF DEATH	

1. DECEDENT'S NAME (First, Middle, L.	nst)				2. D	ATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
JOSEPH	M. HARRIS							92	10:00	Ам
4. SOCIAL SECURITY NUMBER 218-09-6049	1 🔀 M 2 🗆 F	GE (In yrs. lest birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS		ATE OF BIRTH	913	Countr	PLACE (State or Foreign)	
PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY STATE 1 S										
	ince George		estvil	le.					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
7514 Martha	St.		101	20747				CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? VSY IF YES, GIVE WAS O 1944 - 10	If yes, sp	CENDENT OF HISI ecity Cuben, Mex 2 NO Spe	Icen, Pue	IGIN? (Specify Y rto Ricen, etc.)	es or No-	- American Indian, White, etc.			
15. DECEDENT'S (Specify only highest g		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done durina ma	ON ost of working		16b. KIND OF B				
	4	esti	mator			cons	truct	cion	1.	
17. FATHER'S NAME (First, Middle, Last)						st, Middle, Maide				
Herbert Har:	ris			Eliza			ntgon	anh.	7	
194. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a						20747	
Mabel S. Ha			Martha		-					
20e METHOD OF DISPOSITION 1 Description Method Method	lemoval from State	206. PLACE AND DATE OF CEMETERY, CREMETORY OF Other Comments of Co	F DISPOSITION (Na	ame of	1/2	ATE 20c. L	OCATION - C	City or Tox	wn, State	
I. SIGNATURE OF FUNERAL SERVICE		C. LINCO		D ADDRESS OF		4/02				
2s	V. L.									
	or complications that cause of	sed the death. Do no		t E. V	Vilh		nc.su	uitl	Suitla and, MD2 Approximate Interval Betw	0 7
IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	or compiletions that cause of control of the contro	sed the death. Do non each line.		t E. V	Vilh		nc.su	uitl	and, MD2	0 7
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TLAN-TH

E	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE	
STRAR	CERTIFICATE OF DEATH		REG. NO.	
NT'S NAME (First, Middle, Last)		2 DATE OF	DEATH	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.					
100000	1. DECEDENT'S NAME (First, Middle, Last)	VEY H	ARRISO	JR	2. DATE OF DEATH DAY	YEAR 3.	TIME OF DEATH			
- 6	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTTH (Manth, Day, Year) 8. BIRTHPL Country) North 1 March 2 1 Ma									
TOR	96. FACILITY NAME (If not institution, give street end number) 96. CTY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH PRINCE									
DIRECTOR	10e. STATE 10b. COUNTY	ce blorg		AN OR LOCATION	e	10	d. INSIDE CITY LIMITS? XYES 2 \(\text{NO} \)			
FUNERAL	700 Chillu		april 01.	10f. ZIP CODE 20783		10g. CITIZEN OF WHA	T COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ∑ YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA II yes, specify Cuben, Mexic 1 YES 2 NO Specify	ANIC ORIGIN? (Specify Yee o	r No- 14. RACE Black, W	American Indian, Thite, etc.			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION	16a. DECEDENT'S USUA	one during most of working	16b. KIND OF BUSIN					
OMP	12 17. FATHER'S NAME (First, Middle, Last)		Retired	Tas Morrisons M	Pr:	ivate				
BE CC	Harvey Harrison	. Sr.		Fannie		irname)				
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDI	RESS (Street and Number or Rura		State, Zip Code)	10.0			
-	Edna E. Harrison			lum Road, Hya			20783			
	20e. METHOD OF DISPOSITION 1 Buriel 2 □ Cremetion 3 □ Remo 4 □ Donation 5 □ Other (Specify)	val from State cem	PLACE AND DATE OF DIS	ace)	1 /20 /02	ATION — City or Town,	3,712			
	21. SIGNATURE OF FUNERAL SERVICE LICE		. Lincoln	22. NAME AND ADDRESS OF F		entwood,	Maryland			
	I John T.	townst.	TIT	STEWART FUNE			20010			
	23. PART i. Enter the diseases, or co shock, or heart feliure. L	omplications that caused	the death. Do not as	4001 Benning Roanter the mode of dying, su-	ch as cardiac or respira	tory arrest,	Approximata			
	IMMEDIATE CAUSE (Final						Intarval Batween Onset and Death			
	disease or condition resulting in death)	DUE TO (OR AS A	carnh	ythmia			MINUTY			
_		Chroni	C Rom	al Failur	4		New			
CERTIFICATION	Sequantially list conditions, if any, leading to immediate		CONSEQUENCE OF):	et recor			Jerry			
S	CAUSE (Disease or injury	DUE TO COD AC A	CONSEQUENCE OF:							
H	that initiated eventa resulting in death) LAST	DOE TO (OR AS A	CONSECUENCE OF):							
	PART II. Other algnificant conditions	and the to death b	A ==4 === (al== 1= al=							
CAL	FART II. Othar aigniticant conditiona	Contributing to death bu	ot not reaulting in the	i undariying cause given ir	Part I. 24s. WAS AN AL PERFORMI	ED? AW	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE			
(ED					1 TES 2	OF OF	DEATH?			
N.					_	''	J 128 2 [] NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTI	28. PLACE OF DEATH (C	heck only one)					
HYS	1 ES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Output 28e. DATE OF INJURY	28b, TIME OF	Nursing Home 5 Residence	6 ☐ Other (Specify) 28d, OESCRIBE HOW INJ	UM CONTER				
BY PI	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WORK?	200. DESCRIBE HOW INJ	ORY OCCUMED	1			
	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	LACE OF INJURY — At home, farm, street, factory, office ultiding, etc. (Specify)			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED					plece, end due to the ceuse(s) and menner as stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIER	- 1/2	DUTY ME	eli G/ 29c. LICENSE NU		29d. DATE SIGNED (Mo				
TO BE	Pullenlevore 30. NAME AND A ODRESS OF PERSON WHO	SOMPLETEO CAUSE OF OEA	Exami	De 201	852	1/-22	-97			
	PAUL A. DEVO	RE MD 4	203Que	ens bury &	ed Hyatts	wille m	1/2078/			
	JAN 28 1992	32. REGISTRARIP SIGN								



DR ATTENDING PHYSICIAN: The law

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physician.	burial-transit		
s that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm		once.
retained by 1	5 should be		notified at
age 6 may be	director, page		or must be
ours after death. Pa	I in by the funeral	or removal.	any injury, or other traumatic event, the medical examiner must be notified at once.
cuted within 24-11	nd completely filled	lith and Mental Hygiene prior to bunial, cremation, or removal.	tic event, the
certificate be ex	ling physician at	ygiene prior to l	other trauma
at the death (by the attend	and Mental H	w injury, or
22	Ded	=	9

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH Hughes larence 4. SOCIAL SECURITY NUMBER G. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 61-66-1910 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 82 1 M 2 - F DAYS HOURS MIN. -09-5375 YRS 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF OEATH Dorchester DIRECTOR Home 1, 2, RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. orchester R 1 YES 2 NO 10s. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rd. 4814 21643 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Spectly: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade compl Pickle Factory Elementary/Secondary (0-12) College (1-4 or 5+) aborer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Inknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nu aRaare 20a, METHOD OF DISPOSITION

1 N Burlal 2 Cremetton 3 Removal from State 20c. LOCATION - City or Town, Stata Williamsburg Donation 6 - Other (Specify) _ Kinners 22. NAME AND ADDRESS OF FACILITY Bennie 516 So. Main St. Huelock, Md. 2164 21, SIGNATURE OF FUNERAL SERVICE LICENSEE Dervices Smith lac 21643 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel Av 1 diseese or condition wille resulting in death) DUE TO (OR AS A CONSEQUENCE OF wtoov CERTIFICATION Sequentially list conditions, if eny, leeding to immediata cause. Enter UNDERLYING cofuncer CAUSE (Diseese or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL Colecter 1 | YES 2 | NO OF DEATH? has been signed beaution of Healt 1 | YES 2 | NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate h HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA ing Home 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 26a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED marked, 6 Pending Investigation 1 Netural 1 YES 2 NO BY After 1 death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 251, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 40 DIRECTOR: A COMPLETED 4 Homicide 28 O THE HOSPING TO THE FUNERAL DIRECTOR MILE TO THE WITHIN 72 hour 29a. CERTIFIER

1 Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the be ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

recon me

32. REGISTRAR'S SIGNATURE

Gulia Lairdson-Rondolle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Hurlock

1992

302 Collins 31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

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COURTS, F.O. BOA 60/00,	luires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pl	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by Heatth and Mental Hygiene prior to bunial, cremation, or removal.

		FOR STATE REGISTRAR	STATE OF M	ARYLAN	D / DEPAR CERTIF					MENTA	L HYGIEN			
d GTOR		1. DECEDENT'S NAME (First, Middle, Lest) Ralph Jos	eph	ph Hall									YEAR	:50 P. M
)	4. SOCIAL SECURITY NUMBER 214-38-0446	1 💢 M 2 🗆 F	6. AGE (In yr. 86	s. last birthday) YRS.	IF UNDER	DAYS		MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-12-1905		5	8. BIRTHPLACE (State of Country) MARYLAND	
	6	9a. FACILITY NAME (If not institution, give street and number) 11201 S.W. Crain Highway RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF O												
permit, Pages	DIRE	MARYLAND PRINC 106. STREET AND NUMBER		GEORGE'S CHELTENHAM						,	1 [. INSIDE CITY LIMITS? YES 2 X NO		
-55	FUNERAL	BOX 67	40 140 05050511					7. ZIP CODE 2062				USA		
15-0020 ending physic as the burial	ВХ	1 Never Married 2 M Married 3 Wildowed 4 Divorced	12. WAS OECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	NO	- 1	If yes, sp	DENOENT OF Decity Cuben, 3 2 NO	Mexican	, Puerto	N? (Specify Ye Rican, atc.)	e or No 1	Black, Wh	American Indian, lite, etc.
2121 al or atte for use	COMPLETED	15. DECEDENT'S EQUI (Specify only highest grade Elementary/Secondary (0-12)			Give kind of the Do NOT us	work done se retired.)	during mo	ost of working			KINO OF BU			IISSION
MARYLAND retained by the hospit should be detached notified at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM HALL		jiic		OTIT	IL-IV I	18. MOTHE		AE (First,	Middle, Maiden		COM	13310K
E, MAR y be retained sage 5 should be notified	10	194. INFORMANT'S NAME (Type/Print) PEGGY MAMONE									No. City or Tow			20602
MORE ge 6 may lirector, par r must b		20r. METHOD OF OISPOSITION 1 N Burial 2 Cremation 3 Rame 4 Donatton 5 Other (Specify)			URRECT	ION (CEME	TERY		2-8		NTON,		
BALTIMORE, after death. Page 6 may be by the funeral director, page imoval.		No. 1945	ANKENSHI	, MOO	857			ND ACCRESS						HOME, IN
P.O. BOX 68760, to cartificate be executed within 24 hours anding physician and completely filled in thygiene prior to burial, cremation, or report or other traumatic event, the median or other traumatic event, the median	CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart failure. IIMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Multip DUE TO (on each ole Sh or as a con	a death. Do n line. Narp an are of the second of the seco	nd B]						iratory arre	st,	Approximate interval Between Onset and Daath
RECORDS equires that the of Health and Me of Health and Me hows any injury	MEDICAL	PART II. Other significent condition	contributing to deeth but not resulting in the underlying cause given in				ven in F	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			COW OF E	LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO		
VITAL IAN: The law tificate has e State Depr	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	26. PLACE OF DEATH (Chr. TAL: ITAL: ITAL: OTHER: A \ Nursing Home S\(\frac{1}{2}\)\(\text{Residence}\)										
ON O DING PHY After this death with s marked	TED BY PHY	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28e. DATE OF 11 (Month, De) 2-3-92	E OF URY M street, fact	OF 28c. INJURY AT WORK?			28d. DESCRIBE HOW INJURY OCCUREO Subject was beaten and assaulted with an ax 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 11201 S.W. Crain Highway,						
Z Z Z =	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CERTIFYING PHY	CIAN: To the best of n			ed at the t			nd due t	· Mpi	en Mai	al bone	., Md.	
THE F	TO BE	296 MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE				OCM					th, Day, Year)		
		Frank J. Perett 31. DATE FILED (Month, Day, Year) FFB 1 0 32		11	1 Penn	St.	, Ba	alto.,	Md	. 2	21201			

TO BE COMPLETED BY FUNERAL DIRECT

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ath. Page 6 may be retained by the hospital or attending physician.	completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages		IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
after de	y the fu	HOVAL.	cal ex
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IYSICIAN; The law requires that the death certificate be executed within 24 Trours	letely fil	етатіоп	int, the
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nires th	te has been signed by the attendir	Health	WS an
law red	as been	lept. of	23 sh
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HYSICIA	R: After this certi	with the	ked, or
IDING P	After t	death	s mar
A ATTEN	RECTOR	be filed within 72 hours after death with the State Dept. of Health and Mental	m 28
TAL DE	RAL DI	72 hot	E If He
TO THE HOSPITAL DR ATTE	E FUNE	d within	PITANT
H C	HI OL	be file	IMP0

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		ND / DEPARTI CERTIFIC			MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN
Russell L. Has	stings				February 2	, 1992	3:30 P M
			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF BIRTH	s Bu	RTNPLACE (State or Foreign puntry)
210 10 01)0	© CM 2 □ F 7	9 YRS.	DATE	nouns min.	(Month, Day, Year) 5/20/19]	.2 M	aryland
9a. FACILITY NAME (If not institution, give atreet		9		R LOCATION OF DE	ATN	9c. COUNTY O	
11719 Assateague	Road		Be:	rlin		WO	rcester
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
Maryland Worce	ester		Berlin				LIMITS?
10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN C	OF WNAT COUNTRY?
11719 Assateag	ue Road			21811			USA.
	. WAS DECEDENT EVER IN FORCES? 1 YES				IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	or No- 14. F	ACE — American Indian, Black, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify		s	Specify: White
15, DECEDENT'S EDUCATION	ON T	16a. DECEDENT'S US	SUAL OCCUPATION	NA .	16b. KIND OF BUS	INESS/INDUSTE	
(Specify only highest grade com	npleted)	(Give kind of wor	rk done during mo	st of working	1000 1000		
Elamentary/Secondary (0-12) C	college (1-4 or 5+)	Owner/Sp	oreader	Service	Agricu	ılture	
17. FATNER'S NAME (First, Middle, Last)	•			16. MOTNER'S NA	ME (First, Middle, Maiden	Sumame)	
Charles E. Hast:	ings			Fa	annie M. Tu	ırner	
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural i	Route Number, City or Town	, State, Zip Code	9)
Jeanette S. Hast:	ings	11719 A	Assatea	gue Rd.,	Berlin, Ma	aryland	. 21811
20a. METNOD OF DISPOSITION 1X Burial 2 □ Cremation 3 □ Removal	from State	PLACE OF DISPOSIT	TION (Name of cer	metery, cremetory or		CATION — City of	11.00
4 Donation 5 Other (Specify)		Evergreen				rlin, M	aryland
21. SIGNATURE OF FUHERAL SERVICE LICENS	*/		Denn	of ADDRESS OF FA	al Home		
Municy Cold	The same of				St., Snow	Hill,	Md. 21863
23. PART I. Enter the diseases, of com	plications that coused	the deeth. Do no	t enter the mo	de of dyling, euc	h es cardiac or reapl	ratory arreat,	Approximate
ahock, or heart judiure. List							Interval Between Onset and Death
diseese or condition resulting in death)	Canne 1	RYYINY	du '	To Sw	me unt	ri	!
listaning in coonin,	DUE TO (OR AS A	CONSEQUENCE OF):	: .			4	
Sequentially list conditions, b	Stines -	o and	Chrm	e mpe	had the		
If any, leading to immediate	OUF TO (OR AS A				1 100		
	-11.0	CONSEQUENCE OF):	. 04	1 4	in then		
cause, Enter UNDERLYING CAUSE (Disease or injury	Starke 9	+ cubi	me ari	hythm			
cause, Enter UNDERLYING	Starke 9	CONSEQUENCE OF):	me ari	hythm			
cause, Enter UNDERLYING CAUSE (Disease or injury thet initieted events	Starke 9	+ cubi	me ari	hythm			
cause, Enter UNDERLYING CAUSE (Disease or injury thet initieted events	DUE TO (OR AS A	CONSEQUENCE OF):	ne ari	hythm	•	AUTOPSY	24b, WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
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221-03-6305 IX w 2 F 77 Web Short Development Development	1				historial or me	DC0 / WC10	T			2-/	3/7	9	6755
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Purchasing Agent Seaford, Delaware Seafo	1	(Specify only highest g	rade completed)	(Gh	EDENT'S USUAL to kind of work do Do NOT use retired	OCCUPATION	ON ost of worki	ing					
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The Department of the Control of							16. MOT				,		
The second of the page of the) BE		ninkson	19b.	MAILING ADDR	SS (Street a	and Numbe					Code)	
The Burst 12 Committee of Commi			inkson										nd 2190
22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903 23. PART I. Effer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, into one disease or condition resulting in death) 25. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. NAS CASE REFERRED TO MEDICAL EXAMINERY 25. NAS CASE REFERRED TO MEDICAL EXAMINERY 26. PLACE OF DEATH (Check only one) 27. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903 29. DEATH II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 26. PLACE OF DEATH (Check only one) 27. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903 29. DEATH II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 26. PLACE OF DEATH (Check only one) 27. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903 29. DEATH II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 29. PLACE OF DEATH (Check only one) 29. DEATH II. Other significant conditions investigation 3 Subcided Subcide		1 X Burlet 2 Cremetion 3 C F	Nemovel from State	20b. PLACE A	NO DATE OF DISP	OSITION /Na	ame of		0.4	TE 20c 10	CATION	Thu or Tow	on Cteto
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, into abook, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)		21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	Orace I	2	2. NAME AF	ND ADDRE	SS OF FAC	YTUK				
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3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)	SICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions in the cause of the	a. DUE TO b. DUE TO c. OUE TO d. HOSPITAL: 1 Inpatient 2 26e. DATE OF	O (OR AS A CONSEQUENT OF AS A CO	JENCE OF): JENCE OF): JENCE OF): JENCE OF): OTHI	underlying 26. PL ER: ursing Hom	g couse of	given in I	Part I.	24a. WAS AN PERFOI 1 YES 2	AUTOPSY MMEO?	24b.	Approximinterval B Onset and WERE AUTOPSY F
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner ee stated.	Y PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions and the cause of t	a. DUE TO b. DUE TO c. OUE TO d	O (OR AS A CONSEQUENT OF AS A CO	JENCE OF):	underlying 26. PL ER: ursing Hom 28. INJ	g couse of	given in i	Part I.	24a. WAS AN PERFOI 1 YES 2	AUTOPSY MMEO?	24b.	Approximinterval B Onset and WERE AUTOPSY FI MARLABLE PRIOR COMPLETION OF (OF DEATH?
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(Check only one) 2 MEDICAL EXAMINER: On the beels of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mogrh, Dep. 15 3 4 4 2 7 7 9 2 3	TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES NO 27. MANUSER OF DEATH 1 Natural 5 Pending Investigation of Suicide 8 Could not datermined. 29e. CERTIFIER (Check only)	a. DUE TO b. DUE TO c. OUE TO d	OF INJURY — At home etc. (Specify)	JENCE OF): JENCE	underlying 26. PL ER: ursing Hom 28c. INJI 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	g couse of ACE OF D ACE OF D URKY AT YES 2 end place,	given in I	Part I. Part I. 28d. DE	24a. WAS AN PERFO! 1 YES 2 PERFO! 1 YES 2 CATION (Street or Town, State)	AUTOPSY MACO? NJURY OCC.	24b. 1	Approximinterval E Onset an Interval E Onset a

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	(First, Middle, Last)						2. DATE OF DEATH	DAY 92	YEAR	3. TIME OF DEATH
MINNII		HOOK								5:30 A
4. SOCIAL SECURITY I	NUMBER	5. SEX 1 ☐ M 2 X F	6. AGE (In yrs. les 102	yrs. lest birthdey) IF UNDER 1 YEAR MONTHS DAYS		HOURS MIN.	7. DATE OF BIRTH 5 / 1 / 188	39	8. BIRT	HPLACE (State or Foreign ty))
Sykesvi	lle Eld		Center			kesvil				
10a, STATE	10b. COUN	тү		10c. CIT	Y, TOWH OR LOCAT	TION				10d. INSIDE CITY
MD	Ca	arroll			Sy	kesvil	le			1 YES 2 NO
10e. STREET AND NUM		0.17				. ZIP CODE		1		WHAT COUNTRY?
7309 Sec	cond A					21784		U	·S.	والأسيارات
11. MARITAL STATUS 1 Never Married 3 Widowed 4		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AF	MED	If yes, sp		NIC ORIGIN? (Specify Y an, Puarto Rican, etc.) lly:	es or No—	14. RAC Blec Spec	E — American Indian, ik, White, etc.
	DECEDENT'S ED		16a. DE	ECEDENT'S	B USUAL OCCUPATION Work done during moise retired.)	ON ost of working	16b, KIND OF B	USINESS/IN	DUSTRY	WILLE
Elementary/Second	lary (0-12)	College (1-4 or 5	+)				n/a			
17, FATHER'S NAME (FI	irst Middle Last		П	rome	maker	18 MOTHERIO M	AME (First, Middle, Maide	o Cumanal	_	
		0]					Eda Vir			ninlev
	B. Payton Pool			b. MAILING	ADDRESS (Street a		House Number, City or To			rprey
Mrs. M	Vira	inia Bai						,, -		
1 Denation 5 0	Other (Specify)		of cemetary	, cremator	y or other place) nster C		1 1	ocation - estm		ter. MD
		Pritts			Prit	nd address of F ts Fun Washin	eral Hometon Rd.	. We	Char	pel
23. PART I. Enter ti	the diseases, or or heert fellure E (Finei on) bonditions, mmediete ERLYING r injury is	a	it caused the deuse on each line	OUENCE COUENCE CO	Prit 412 not enter the mo	NO ADDRESS OF FITTE TO THE Washin bode of dying, su	eral Homogeton Rd.	. We	Char stmi	nster. Approximate interval Betty Onset and D
23. PART I. Enter ti shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list on if any, leading to incause. Enter UNDE CAUSE (Disease of that initiated event resulting in death) PART II. Other algr	conditions, mmediate ERLYING r Injury Is LAST	a	t caused the deuse on each line OF GEORGE OF AS A CONSE OF AS A CONSE OF AS A CONSE OF AS A CONSE OF AS A CONSE	COUENCE C	Prit 412 not enter the mo Heart Pri: Corp.: In the underlyin	NO ADDRESS OF FITS FUN Washin ode of dying, su Facility of dying, su facility of the following cause given in	eral Hometon Rd. chaacardiec or real chaacardi	DIJ	Charstmi	Approximate interval Betwoonset and D
23. PART I. Enter ti shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or family, leading to incause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other algramments of the cause. Examiner? 1 YES 2 N	on ditions, mmediate ERLYING r injury is LAST	a	t caused the deuse on each line OR AS A CONSE	COUENCE COUENC	Prit 412 not enter the model of the Composition of the underlying the Composition of the	NO ADDRESS OF FITTE TO THE STATE OF DEATH (C)	eral Hometon Rd. chaacardiec or real chaacardi	DIJ	Charstmi	Approximate Interval Betwoonset and Donest a
23. PART I. Enter ti shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or it any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other algramment of the cause of the	on ditions, mmediate ERLYING r injury is LAST	a	t caused the deuse on each line OR AS A CONSE	COUENCE COUENC	Prit 412 not enter the mo Heach Pri: Corrier Tax OTHER: 4 Privaring Hon ME OF 28c. IN. WW. W. W.	NO ADDRESS OF FITTE TO THE STATE OF DEATH (C)	eral Hometon Rd. chaecardiec or real chaecardi	DIJ	Charstminrest,	Approximate Interval Betwo Onset and De

29b. SIGNATURE AND TITLE OF CERTIFIER

21136 9 MAIN

32. REGISTRAS'S SIGNATURE
Julia Davidson 31. DATE FILED (Month, Day, '92 FFB

1	SOCIAL SECURITY NUMBER	M.	1+2	1//							H DA			
1				the						00	2 -10	-9	S	
P	225-16-08		5. SEX	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER	R 1 YEAR DAYS	IF UNDER	MIN.	7. DATE (Monti	OF BIRTH	2	. BIRTNPL	ACE (State or For
·	o. FACILITY NAME (If not institu			_43	Tho.	ah CITI	TOWN O	2 · OCATI	ON OF DEAT	28-1	15-9	9		
	BALTO. CO		N. Ha	SP					ON OF DEAT		11	9c. COUNT		
F	RESIDENCE OF DECEL	DENT	N. //u	<i>)ı ·</i>					/ C	العاد		MIT	-611	mor
١.		b. COUNTY					OR LOCATI						10	d. INSIDE CITY LIMITS?
MARYLAND 106. STREET AND NUMBER					BAI	LTIM	MOR							X YES 2
3212 DOYCRON CT.							101.	21 2						T COUNTRY?
11. MARITAL STATUS 12. WAS DECEDENT EVER IN					ARMED	13.	WAS DECE			OBIGIN	17 (Specify Yes		S.A.	American India
1 Never Merried 2 Married FORCES? 1 YES 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATE					NO		If yes, spe	cify Cube	n, Mexican, Specify	Puerto F	Rican, etc.)	OF NO.	Black, W	BLACK
	15. DECEDE (Specify only hig	NT'S EDUCA	ATION completed)		DECEDENT'S	work done	CCUPATIO	N st of workin	na	16b	. KIND OF BUS	INESS/INDUS	TRY	
(Specify only highest grade completed) (Give kind life. Do NO						ABOR		n or working	*		SEAF	00D		
17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Melden Surname)														
-	MCCOMBUS Da. INFORMANT'S NAME (Type)	GR	IFFIN								URNER			
L	KATHERINE		CLAUD		3 2 .	12 D	OYC	R ON	CT.	BA	TTMO	RE, I	7D 2	1207
1	Qa. METNOD OF DISPOSITION Burlel 2 Cremation	3 🗆 Remov	ral from State	29b. PLAC cemetery	CE AND DATE	OF DISPOS	ITION (Nan	ne of		DATE	E 20c. LOC	CATION — Cit	y or Town,	State
_	□ Donetion 5 □ Other (Spots) 1. SIGNATURE OF FUNERAL SE		NSEE	<u> 1 GOO</u>	D SAI	MARI	TON	CEN	SETER	RY2	/15/9	2 ON /	ANCO	CK, V
1 W Burlet 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Commetery, crematory or other place. Company or othe									E					
S	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):													
resulting in death) LAST														
P	ART II. Other significant of	onditions	contributing to	daath but no	t resulting	In the un	derlying	cause g	jiven in Pa	irt I.	24s. WAS AN A			RE AUTOPSY FIN
										_	PERFORM 1 YES 2		OF	ILABLE PRIOR T MPLETION OF C DEATH?
25	S. WAS CASE REFERRED TO ME EXAMINER?		UCCOLTA!					NCE OF DE	EATN (Check	only on	B)			
_	1 TYES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER		5 🗆 Re	sidence 8 (☐ Other	(Specify)			
27	27. MANNER OF DEATN 1 Natural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)				28b. TIMI INJ	E OF JURY M	28c. INJUI WOR 1 YE	IRY AT		8d. DEŞ	CRIBE NOW IN	JURY OCCUR	RED	(1
	2 Accident Investigation 3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At I building, atc. (Specify)					itreet, facti	ory, office		26	8f. LOCA City o	ATION (Street en or Town, State)	nd Number or	Rurel Route	Number,
29	(Check only one) 1 CERTIFYII 2 MEDICAL	NG PNYSICI	AN: To the best of n	ny knowledge, o	death occurre	ed at the ti	me, date e	and place,	end due to	the caus	se(e) end menn	ner as stated.	SUSS(s) end	f menner as st
2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end results and title of Certifier 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month)									nth, Day, Year)					
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Similar Bardin Rotarde Sate 700 711 W. 40 th 4 Bars MJ 21211 31. DATE FILED (10018) DOT 168) 1992 32. REGISTRAR 3 BIGNATURE JUNE DEWINDSON PANDER														

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notified at once.

FOR STATE REGIST

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examples.

	IENE
RAR CERTIFICATE OF DEATH REG	NO.

			ackson				/	ol.	>	92	230 P.
N/A	BER	5. SEX 1 X M 2 F	6. AGE (In yrs. ia		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	of BIRTH th, Day, Year) -13-9		Country)	LACE (State or Foreign
MERCY RESIDENCE OF DE	Hos	SPITA	L			imave	DEATH		9c. COUNT	time!	
MD	10b. COUNT	CE GEOR	GE'S	200	TOWN OR LOCA MPLE						INSIDE CITY LIMITS? YES 2 NO
5807 F	sher			# 12	10	207	18			SA	IAT COUNTRY?
Never Married 2 Widowed 4 Olve			NT EVER IN U.S. AI I YES 2 X MAR OR OATES	RMED NO	If yes, a	CENDENT OF HISP/ pecify Cuben, Mexic S 2 M NO Spec	en, Puerto		or No- 1		- American Indian, White, atc. : BIOCK
(Specify on Etementary/Secondary (i		UCATION le completed) College (1-4 or 5	+)		SUAL OCCUPAT k done during ri etired.)		16	N/A	SINESS/INDU	STRY	
HENRY T		SELL				16. MOTHER'S N		Middle, Maiden A JA		V	
DELGRACIA		KSON				end Number or Rure					, Md 207
DA METHOD OF DISPOSITION OF PURPOSITION S OF FUNERAL OF	on 3 🗆 Ren r (Specify)		of cemetar	y, crematory or	EM. P.	ARK AND ADDRESS OF	PACIFIETY	-29-92 JENKI	NS FU	NDO NER	ver MD AL HOME MD 2078
	nel	a. SEV	ERÉ P	REMAT		ode of dying, su					
esuiting in death) Sequentially list condit f any, leading to immeause. Enter UNDERLY CAUSE (Disease or inji hat initieted events	tions, ediate //iNG	b	O (OR AS A CONSI	CEMATEQUENCE OF):	URITY						
Sequentially list condition of any, leading to immediate. Enter UNDERLY CASE (Disease or Injuited initiated events resulting in death) LAS	tions, ediate (ING ury	b	O (OR AS A CONSI	EQUENCE OF):	URITY	1 , 6;	oth		AUTOPSY	24b.	Onset and Death
Sequentially list condition of the condi	tions, ediate (ING ury ST	b. OUE TO c. DUE TO d. Ona contributing to	O (OR AS A CONSI	EQUENCE OF):	the underlyi	ng couse given i	n Part I.	24a. WAS AN PERFOI	AUTOPSY	24b.	Oriset and Deat 12 days WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condition of any, leading to immeause. Enter UNDERLY AUSE (Disease or injust initiated events esulting in death) LASPART II. Other significations. S. WAS CASE REFERRED EXAMINER? 1 YES 2 NO. 7. MANNER OF OEATH	tions, ediate (ING Ury ST Condition	b. OUE TO c. DUE TO d	O (OR AS A CONSI	EQUENCE OF):	the underlyi	ng couse given i	n Part I.	24a. WAS AN PERFOI	AUTOPSY RMED?	24b.	Oriset and Deat 12 days WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condit any, leading to immeasure. Enter UNDERLY CAUSE (Disease or Injusticity of the condition of the condi	tions, ediate (ING ury ST conditional cond	b. OUE TO c. DUE TO d	O (OR AS A CONSI	EQUENCE OF): EQUENCE OF): resulting in	the underlyi	PLACE OF OEATH (Come 5 Residence NJURY AT YES 2 NO	n Part I.	24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED? 2 M NO INJURY OCCU	24b.	Onset and Deat // Jays WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO
Sequentially list condition of any, leading to immeause. Enter UNDERLY AUSE (Disease or Injinatinitieted events esuiting in death) LASPART II. Other significations of the condition of the condi	tions, ediate ling ury ST ent condition to MEOICAL Pending Investigation Could not be determined extifying Physics	b. OUE TO c. DUE TO d	O (OR AS A CONSIDER OF INJURY — At P., etc. (Specify)	EQUENCE OF): EQUENCE OF): EQUENCE OF): resulting in 3 DOA 4 26b. Time. INJUR Some, farm, str	the underlying the un	PLACE OF OEATH (to me 5 Reeldence NUURY AT VORK? YES 2 NO litce	n Part I. Check only 0 28d, Dt 28f, LO Ch	24a. WAS AN PERFOI 1 YES 2	I AUTOPSY RMED? 2 M NO INJURY OCCU	24b.	Onset and Deat // Jays WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO
Sequentially list condit any, leading to immeause. Enter UNDERLY CAUSE (Disease or Injinat initiated events esulting in death) LASPART II. Other significations and the sequence of the sequen	tions, ediate ring and a condition of the condition of th	DUE TO c. DUE TO d. DOB COntributing to DOB CONTRIBUTING TO MOSPITAL: 1 Inpatient 2 28a. OATE Of (Month, including) SICIAN: To the best of other. ONER: On the basic of other.	O (OR AS A CONSIDER OF INJURY — At P., etc. (Specify)	EQUENCE OF): EQUENCE OF): EQUENCE OF): resulting in 3 DOA 4 26b. Time. INJUR Some, farm, str	the underlying the un	PLACE OF OEATH (to me 5 Reeldence NUURY AT VORK? YES 2 NO litce	n Part I. Check only o 28d. Di 28f. LO Che time, der	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED? NO INJURY OCCU and Number of	24b. 24b. Cause(e) Signed	Onset and Deat 12 days WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO
7 YES 2 NO 7 MANNER OF OEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homictde 79a. CERTIFIER (Check only one) 2 MEC	ent conditions of the conditio	DUE TO d. DUE TO DUE TO	O (OR AS A CONSIDER OF CONSIDE	EQUENCE OF): EQUENCE OF): EQUENCE OF): resulting in 3 DOA 4 28b. Time in investigation, ferm, str.	the underlyi	PLACE OF OEATH (Come 5 Residence NJURY AT YORK? YES 2 NO Tice	n Part I. Check only of a 6 Oth 28d. Di 28f. LO Cit UMBER	24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED? 2 NO INJURY OCCU and Number of	24b. 24b. Cause(e) Signed	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NUMBER. Dute Number, end manner as stated. (Month, Day, Year)



- Caroll & Soul ?

DIRECTOR

Wilbert Jacobs

9a. FACILITY NAME (If not institution, give street

5. SEX

Hospital CEDENT

QUEEN ANNES

10b. COUNTY

1 📉 M 2 🗌 F

4. SOCIAL SECURITY NUMBER

213-22-6062

Memorial RESIDENCE OF DE

10e. STREET AND NUMBER

BOX 80A

10a. STATE

MARYLAND

YRS.

HOURS

101. ZIP CODE 21657

Easton

10c. CITY, TOWN OR LOCATION

QUEEN ANNES

6. AGE (in yrs. last birthday)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

5-0020 Inding physicials the burial-tr	BY FUR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp	CENDENT OF HISPANIC Hecity Cuban, Maxican, Fig. 2 NO Specify:	ORIGIN? (Specify Yes or No— warto Rican, atc.)	14. RACE — American Indian, Black, Whita, alc. Specify: BLACK			
AND 21215 nospital or amend sched for use as	MPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) Collège (1-4 or 5+)	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re LABOREI	done during mo tired.)	ON ost of working	166. KINO OF BUSINESS/IND				
	BE COMPL	17. FATHER'S NAME (First, Middle, Last) PERCY JACOBS					(First, Middle, Meiden Surname) ROADWAY JACOB	S			
De so	10	19b. MARGUERITE POTTS 19b. MARING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) R. F. D. # 1 BOX 80 E1, QUEEN ANNES, MD. 2									
IMORE Page 6 may al director, pag ner must b		20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of campeton, cremating or other place) SANDTOWN CEMETERY 1/25/92 HILLSBORO, MD.									
SALTI death. F e funeral		21. SIGNATURE OF FUNERAL SEMPLE L	CEMBER		516 S	o. MAIN St	BENNIE SMIT	H SERVICES D. 21643			
oln 24 hours aft lely filled in by ination, or remo		23. PART i. Enter the diseases, or shock, or haert fellure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	a. CVA	d the deeth. Do not sech line. — Mull-A CONSEQUENCE OF):	Brau	de of dying, such a	s cardlec or reapiratory en	Approximete interval Betwee Onset and De			
P.O. BOX 68 th certificate be execu- ending physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	· Sepsis	A CONSEQUENCE OF):							
TAL RECORDS The law requires that the d ate has been signed by the ate Dept. of Health and Mee	MEDICAL		MEDICAL	MEDICAL	PART II. Other significant conditional con	TX 1788	-)	26. PL	g couse given in Par	PERFORMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO
ON OF DING PHYSICI After this cer death with th	B	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide	1) Inpetient 2 ER/Outp 28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 Y	RK? YES 2 NO	Other (Specify) d. DESCRIBE HOW INJURY OCC LOCATION (Street and Number City or Town, State)				
HOSPITAL OF FUNERAL DIE within 72 hou	COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the beals of examination	ledge, death occurred at	The time, data my opinion, de	and place, and due to I eath occured at the Ilmo		e cause(s) and menner as stated.			
TO THE DO FINE NO THE IMPORT	TO BE	30. NAME AND ADDRESS OF PERSON WI	& heer	ATH (ITEM 27) (Typo, Prin	nes,	1)42	005	Melyin Aug			
		JAN 29 199		ATURE Pandale			7 105	- Town			

REG. NO 2. DATE OF DEATH 3. TIME OF DEATH 19 1992 10:00 a M IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Talbot 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA Yes or No-14. RACE — American Indian, Black, White, etc. Specify: BLACK BUSINESS/INDUSTRY STRUCTION len Sumame) **JACOBS** fown, State, Zip Code) ANNES, MD. 21657 LOCATION — City or Town, Stata LLSBORO, MD. SMITH SERVICES CK, MD. 21643 piratory errest, Approximete interval Between Onset and Death N AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ORMED? 2 🗌 NO 1 TES NO INJURY OCCURED t and Number or Rural Route Number, anner as stated.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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JAN: Th	rtificate	he State	or Herr
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may as remained by a hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages and the property of the pro	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TENDING	DR: Afte	fter deat	E SI S
L OR AT	DIRECT.	hours a	Item 2
HOSPITA	UNERAL	vithin 72	ANT: If
O THE F	D THE F	e filed v	MPORT
-	_	D	

JOHN E. JAC	KSON,	SR.		2, DATE MONT	- Z5	-92 YE	3. TIME OF DEATH 2:10pm
4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 -	6. AGE (In yrs. lest i	YRS. F UNDE	R 1 YEAR IF UNDER 24 HI DAYS HOURS MA	(Mont	of BIRTN h, Day, Year) 0/06	C	IRTNPLACE (State or Foreign ountry) aryland
PRINCE GEORGES A RESIDENCE OF DECEDENT	tosp. CEN		Y, TOWN OR LOCATION O	F DEATN		9c. COUNTY (
Md. 106. COUNTY		10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO					
100. STREET AND NUMBER 1117 Capital V:	iew Dr.		101. ZIP CODE 2078	5			OF WHAT COUNTRY?
1 Never Married 2 Married FORCES?	DENT EVER IN U.S. ARM 1 YES 2 NO /E WAR OR DATES X		WAS DECENDENT OF HIS It yes, specify Cuben, Me 1 YES 2 NO S	xican, Puerto	Y? (Specify Yes o Rican, etc.)		RACE — American Indian, Black, White, atc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 th College (1-4 o	(Give		occupation during most of working	16b	W.S.		77
17. FATNER'S NAME (First, Middle, Last) Edward Jackson					Middle Melden St Willia	ŕ	
19. INFORMANT'S NAME (Type/Print) Martha Garrison			S (Street and Number or R	ural Route Num	ber, City or Town,	State, Zip Code	
20a. METHOD OF DISPOSITION 1 © Burlet 2 □ Cremation 3 □ Removal from State	20b. PLACE AN	D DATE OF DISPO		DAT	E 20c. LOCA	TION City o	or Town, State
4 Donation 5 Other (Specify)	Harmo	etory or other place.	Park 1/3	30/92	Lan	dover	,Md.
Dany W.	SETT!		NAME AND ADDRESS OF H.S. Wash 4925 Burr	ingto	on & S S Ave.	ons,I	nc.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	TO (OR AS A CONSEOU	PENCE OF):					
PART II. Other algorificant conditions contributing Hypotensis	to death but not res		ndarlying cause given	in Part I.	24s. WAS AN AL PERFORMI 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		OTHE	28. PLACE OF DEATN	(Check only on	00)		
27. MANNER OF DEATH 28e. DATE (Mont	2 ER/Outpatiant 3 C OF INJURY h, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DES	r (Specify) SCRIBE HOW INJ	URY OCCURE	D
3 Suicide 200. PLAC	E OF INJURY — At home ing, atc. (Specify)	e, farm, street, fac	tory, office	28t. LOC Gity	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besiden							se(a) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	CH Fr		29c. LICENSE D 2 4	NUMBER 283	1	Ped. DATE SIGN	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF MY SUF M.D. 3	CAUSE OF DEATH (ITEM.	27) (Type, Print)	D24 le Road	lawe	(ND 2	0707.	
31. DATE FILED (Month, Day, Year) 32. REGIS							

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 th and 10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

3	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	IC	04326				
	1. OECEDENT'S NAME (First, Middle, Lest) PURCEL	L M. Jo	HNSON		2. DATE OF DEATH		3. TIME OF DEATH 2 9:05pm M				
	4. SOCIAL SECURITY NUMBER 217-84-6250	5. SEX 8. AGE (III	O YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)	62	BIRTHPLACE (State or Foreign Country) Virginia				
TOR	90. FACILITY NAME (If not institution, give st. PRINCE GEORGE RESIDENCE OF DECEDENT	5 Hosp. C	ENTER 96.	CHEVER L		PRINC	E GEORGES				
DIRECTOR		ce George's	10c. CITY, TO	O O			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER	on Design		10f. ZIP CODE			OF WHAT COUNTRY?				
NE I	548 Harry S. Truma	12. WAS DECEDENT EVER IN	U.S. ARMED	20772	NIC OBIGINA (Secolar V		States				
B≺	1 💢 Never Married 2 🗌 Merried 3 🗍 Widowed 4 🗍 Divorced	FORCES? 1 YES	2 NO	If yee, specify Cuben, Maxic 1 YES 2 NO Speci	an, Puerto Ricen, etc.)	4 OF NO.— 14.	RACE — American Indien, Black, Whita, atc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use ret	done during most of working	16b. KIND OF BU	SINESS/INDUS	TRY				
ME	12 17. FATHER'S NAME (First, Middle, Last)		Laborer		Beverag		any				
	Purcell M. Johnson	on Sr			AME (First, Middle, Malden 2011ard	Surname)					
BE	19e. INFORMANT'S NAME (Type/Print)	JH, DI.	19b, MAILING ADE	RES\$ (Street and Number or Rural		vn State Zin Co	rie)				
2	Joan Johnson (M	Nother)		ry S. Truman I							
	20e. METHOD OF DISPOSITION 1 💢 Burial 2 🗍 Cremation 3 🗍 Remo	oval from State 20b.	PLACE AND OATE OF OI	SPOSITION (Namerol and to a	VI 730 20c. LO	ocation - city	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LIC		^	22. NAME AND ADDRESS OF F. C. W. Edwards P.O.B. 395, I	Funeral H	lome					
CERTIFICATION	immediate Cause (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	010M	YORATHY NUNE DEF	CIENCY	SYNC	Intervel Batween Onset and Death				
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	s contributing to deeth bu	t not resulting in th	e underlying couse given in	Part I. 24e. WAS AN PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	back oak onel						
SIC	EXAMINER? 1 YES 2 XNO	HOSPITAL:		HER: Nursing Home 5 Reeldence							
H	27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJURY AT WORK?	28d. OESCRIBE HOW	INJURY OCCUR	ED				
BY	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INSOAT	M 1 YES 2 NO							
- 8	3 Suicide 6 Could not be 4 Homicide determined		et. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, end due to the ceuse(e) and menner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and piece, end due to the ceuse(e) and menner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. HCENSE NUMBER 296. DATE SIGNEO (Month, Day, Year)										
۵	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEA	TH (ITEM 27) (Type, Print)	Repary (renhelt	- Md	20770				
	JAN 29 199	2 32. REGISTRAR'S SIGNA	Son-Randall								



JAMES
31. DATE FILED (Month, Day, 1)
FFR 1 0

17

4. SOCIAL SECURITY NUMBER 5. SEX 1	4. SOCAL SECURITY NUMBER 592-10-0432 1		REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last MITZIE LEE	JOHNSON	CERTIF	FICATE OF	DEAIN	2. DATE OF DEATH MONTH FEB.		3. TIME OF DE 14:31
ST. MARY'S HOSPITAL RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY MARYLAND ST. MARY'S MECHANICSVILLE 10s. STREET AND NUMBER 3829 NEW MARKET—TURNER ROAD 11. MARITAL STATUS 10s. STREET AND NUMBER 3829 NEW MARKET—TURNER ROAD 11. MARITAL STATUS 10s. STREET AND NUMBER 3829 NEW MARKET—TURNER ROAD 11. MARITAL STATUS 10s. STREET AND NUMBER 10s. MARITAL STREET IN U.S. ARRECT COUNTRIES 10s. MARITAL ST	ST. MARY'S HOSPITAL LEONARDTOWN ST. MARY'S 106. STREET AND NUMBER 3829 NEW MARKET—TURNER ROAD 11. MARTIAL STATUS 11. MARTIAL STATUS 12. WAS DECEDENT SEVEN IN U.S. AFMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Was or No— 14. MARTIAL STATUS 15. MARY'S 16. DECEDENT'S EDUCATION (The start of work days days on the specific or start of working) 16. DECEDENT'S EDUCATION (The start of work days during most of working) 16. DECEDENT'S EDUCATION (The start of work does during most of working) 16. DECEDENT'S EDUCATION (The start of work does during most of working) 16. DECEDENT'S EDUCATION (The start of work does during most of working) 16. DECEDENT'S EDUCATION (The start of work does during most of working) 16. DECEDENT'S EDUCATION (The start of work does during most of working) 16. DECEDENT'S EDUCATION (The start of work does during most of working) 16. DECEDENT'S EDUCATION (The start of work does during most of working) 16. DECEDENT'S EDUCATION (The start of work does during most of working) 16. DECEDENT'S EDUCATION (The start of work does during most of working) 16. DECEDENT'S EDUCATION (The start of work does during most of working) 16. DECEDENT'S USUAL OCCUPATION (The start of work does during most of working) 16. DECEDENT'S USUAL OCCUPATION (The start of work does during most of working) 16. DECEDENT'S USUAL OCCUPATION (The start of working) 16. DECEDENT'S USUAL OCCUPATION (The start of working) 16. NOT DECEDENT OF RISPANCE OF		The second secon					7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Country)
The country of the co	The STATE Top Country	TOR	ST. MARY'S HOS							
Specify: Specify: WHITE	Total Part Tot	- 12								LIMITS?
Specify: Specify: WHITE	Wildowsd 4 Divorced 10 December 1 Divorced 11 USS 2 NO Specify: Specify: Wildowsd 2 Divorced 15. DECEDENT'S EDUCATION (Specify only highland practic completed) 16. DECEDENT'S USUAL OCCUPATION (Specify only highland practic completed) 16. NIND OF BUSINESS/INDUSTRY 16. NIND OF BUSINESS/INDUSTRY 16. NIND OF BUSINESS/INDUSTRY 16. NOTHER'S NAME (First, Middle, Maidlen Sumame) 16. NIND OF BUSINESS/INDUSTRY 16. NIND OF BUS	ERAL		-TURNER ROAD		.10				
18. DECEDENT'S EDUCATION (Specify only highest grade completed) 18. DECEDENT'S USUAL OCCUPATION (Give fold of work done during most of working) 18. MOTHER'S NAME (First, Middle, Melden Surname) 19. MOTHER'S NAME (First, Middle, Melden Surname 19. MOTHER'S N	15. DECEDENT'S EDUCATION (Specify only highest grade compileted) 16. DECEDENT'S EDUCATION (Specify only highest grade compileted) 17. PATHER'S NAME (First, Middle, Lest) 18. THE GRADE 17. PATHER'S NAME (First, Middle, Lest) 19. INFORMANT'S NAME (First, Middle, Maldlen Sumarne) BELINDA L. WILLIAMS 20. INFORMANT'S NAME (First, Middle, Lest) 20. INFORMANT'S NAME (First, Middle, Lest) 19. INFORMANT'S NAME (First, Middle, Maldlen Sumarne) BELINDA L. WILLIAMS 20. INFORMANT'S NAME (First, Middle, Lest) 20. INFORMANT'S NAME (First, Middle, Maldlen Sumarne) BELINDA L. WILLIAMS 20. INFORMANT'S NAME (First, Middle, Maldlen Sumarne) BELINDA L. WILLIAMS 20. INFORMANT'S NAME (First, Middle, Maldlen Sumarne) BELINDA L. WILLIAMS 20. INFORMANT'S NAME (First, Middle, Maldlen Sumarne) BELINDA L. WILLIAMS 20. INFORMANT'S NAME (First, Middle, Maldlen Sumarne) BELINDA L. WILLIAMS 20. INFORMANT'S NAME (First, Middle, Maldlen Sumarne) BELINDA L. WILLIAMS 20. INFORMANT'S NAME (First, Middle, Maldlen Sumarne) DATE Of CHARLES (First, Middle, Maldlen Sumarne) BELINDA L. WILLIAMS 20. LOCATION - City or Town, State Of Complete, Vernetic of Disposition (Name of Complete, Vernetic of Dispositio		1 Never Married 2 X Married	FORCES? 1 YES	2 NO	If yes, s	pecify Cuban, Maxic	an, Puarto Rican, atc.)	Yes or No — 14	Black, White, etc. Specify:
CHARLES NORMAN WILLIAMS 19a. INFORMANT'S NAME (Type/Print) BELINDA L. WILLIAMS 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, States, Zip Code) 32 N.W. 16TH PLACE #A, CAPE CORAL, FLORIDA 339 20c. METHOD OF DISPOSITION 1 Zib. Mailing Address (Street and Number or Flural Route Number, City or Town, States, Zip Code) 20c. LOCATION — City or Town, States 20c. LOCATION — City or Town	CHARLES NORMAN WILLIAMS 198. MAILING ADDRESS (Street and Number or Rural Poulse Number, City or Town, State, Zip Code) 32 N.W. 16TH PLACE #A, CAPE CORAL, FLORIDA 339 20s. METHOD OF DISPOSITION 10s. MAILING ADDRESS (Street and Number or Rural Poulse Number, City or Town, State, Zip Code) 32 N.W. 16TH PLACE #A, CAPE CORAL, FLORIDA 339 20s. METHOD OF DISPOSITION (Name of Complain) 10s. MAILING ADDRESS (Street and Number or Rural Poulse Number, City or Town, State, Zip Code) 32 N.W. 16TH PLACE #A, CAPE CORAL, FLORIDA 339 20s. METHOD OF DISPOSITION (Name of Complain) 20s. METHO	APLETED	(Specify only highest gra	BUSINESS/INDUS						
BELINDA L. WILLIAMS 32 N.W. 16TH PLACE #A, CAPE CORAL, FLORIDA 339 200, METHOD OF DISPOSITION 1 Suriat 2 Cremation 3 Removal from State Commelton 5 Other (Specify) OUEEN OF PEACE CEMETERY 2-8 HELEN, MARYLAND 21. SIGNATURE OF JUNGRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY THE HUNTT FUNERAL HOME P.O. BOX 156, WALDORF, MARYLAND 20604- 23. PART I. Enter the diseases, or compilications thet caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval onset at the cause on each line. DUE TO (OR AS A CONSEQUENCE OF A CONSEQUENCE	BELINDA L. WILLIAMS 20a, METHOD OF DISPOSITION 1 CABurlet 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) 21. SIGNATUSE OF JUNETAL SERVICE LICENSEE MICHAEL K. BLANKENSHIP, MO0857 22. NAME AND ADDRESS OF FACILITY THE HUNTT FUNERAL HOME Approximate the diseases, or complication that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, interval onset as disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Pinesus or Condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):	ш	CHARLES NORMAN	WILLIAMS			BELIND	A LEE SUMM	1ERS	
	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST								HELEN,	MARYLAND
		MEDICAL CERTIFICATION	MICHAEL K. BI 23. PART I. Enter the disease, o shock, or heart failure immediate cause or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions.	ANKENSHIP, M r complications that cause b. List only one cause on a. Headand DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d One contributing to death	d the death. Do each line. A CONSEQUENCE Of A CONSEQUENC	P.O. not enter the m	BOX 156, oda of dying, au	n Part I. 24a. WAS. PERF	MARYLA spiratory arres AN AUTOPSY FORMED?	VERAL HOME AND 20604- st, Approx Interval Onset J APPROXIMATE AND APPROXIMATE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpattent 2 ER/Outpattent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 28. PLACE OF DEATH (Check only one) 29. PLACE OF INJURY 1 VES 2 NO 29. PLACE OF INJURY 1 VES 2 NO 29. PLACE OF INJURY 1 VES 2 NO 29. PLACE OF INJURY AT WORK? 1 VES 2 NO 29. PLACE OF INJURY AT HOME, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number,	Pending Pend	TED BY PHYSICIAN: MEDICAL CERTIFICATION	MICHAEL K. BI 23. PART I. Enter the disease, o shock, or heart failure immediate cause or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the condition of the condit	ANKENSHIP, M r complications that cause b. List only one cause on a. Headendo DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	DO857 Ind the death. Do each line. A CONSEQUENCE of A C	P.O. not antar the m P.O. In the underlyle In the underlyle OTHER: A DEPTH SERVICE SERVI	BOX 156, oda of dying, au and a dying, au and a dying, au and a dying, au and a dying au and a dying a dying a dying at a	n Part I. 24a. WAS. PERF 1 YES Check only one) 6 Other (Specify) 284. DESCRIBE HOW	AN AUTOPSY FORMED? 2 NO	VERAL HOME AND 20604- st, Approx Interval Onset ; 24b. WERE AUTOPS AMAILABLE PRI COMPLETION I OF DEATH? 1 □ YES 2

LEONARDTOWN, MARYLAND 20650

	Appa Jo	hnson						DATE OF DEATH MONTH DA	7 72	YEAR 3	TIME OF OEAT
).	4. SOCIAL SECURITY NUMBER	3 1 0 M 2 1 F	6. AGE (In yrs. last b	YRS. WONTHS	DAYS	IF UNDER		DATE OF BIRTH (Month, Day, Year)		B. BIRTHPL Country)	ACE (State or Fo
DIRECTOR	9e. FACILITY NAME (If not institu	ifel		96. CIT	r, TOWN O	R LOCATIO	ON OF DEATH		Balf	TY OF DEA	1
REC	10e. STATE 101	b. COUNTY		10c. CITY, TOWN	OR LOCAT	ION				10	Dd. INSIDE CITY
	Maryland 100. STREET AND NUMBER			Ва	ltimo	ore				1	YES 2
ERAL	798 Grantl	Pou Stroot			101	212			10g. CITIZ	EN OF WHI	AT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Mer 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1	YES 2 NO		If yee, spe	ENDENT O	F HISPANIC Of	RIGIN? (Specify Yee erto Rican, etc.)	or No—	14. RACE -	- American Ind White, etc. Black
0	15. DECEDE	NT'S EDUCATION hest grade completed)	16a. DECE	DENT'S USUAL O	CCUPATIO	N		16b. KIND OF BUS	INESS/INDU	JSTRY	beack
COMPLET	Etamentary/Secondary (0-12)	College (1-4 or 5+)	1	kind of work done to NOT use retired.)		st of working	g				
	17. FATHER'S NAME (First, Middle Henry Madde							First, Middle, Maiden	Surname)		
TO BE	190. INFORMANT'S NAME (Type/F		19h I	MAII ING ADDRES	R /Otmat a			la Jones Number, City or Town			
5	George G. 3		79	98 Grana	tley	St.	Balti	imore, Mo	d. 2	1229	
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion	3 Removal from State	20b. PLACE AND	D DATE OF DISPOS	SITION /No	me of		DATE 20c. LOC	CATION — CI		
examiner must	4 Donetion 5 Other (Spe 21. SIGNATURE OF FUNERAL SE		Car	roll Cro			S OF FACILITY	2-11-92	Hamps	stead	, Md.
	James 1	81						11824 ome Reis	7 Reis	sters	town F
al, cremation, or removal. event, the medical examiner must be	23. PART I. Enter the disee	see, or complications that								,	7-100-1-2
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	railura. List only ona cause	e Dn eech line.	h. Do not entar	the mod	de of dyir	ng, such as	cardiec or raspir	ratory erre	st,	Approxim interval B
ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition	e. Hy Do Source (c) Due to (c)	OXIAL OR AS A CONSEQUE	ENCE OF):	the mod	de of dyir	ng, such as	cardiec or raspir	ratory erre	st,	Approxim
MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final dispase or condition resulting in death) Sequentially list conditions if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	e. Hy To (o DUE TO (o d.	OR AS A CONSEQUE	ENCE OF): ENCE OF): ENCE OF):	Vos	cu \w.e	Au.	cardiec or raspir	AUTOPSY MED?	24b. WI	Approximintarvai E Onset an Onset an ERE AUTOPSY F ALLABLE PRIOR OF DEATH?
MEDICAL CERTIFICATION	immediate Cause (Final dispase or condition resulting in death) Sequentially list conditions if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of the cause of th	b. DUE TO (O d. DU	OR AS A CONSEQUE	ENCE OF): ENCE OF): Lls real ENCE OF): uiting in tha ur	Vo s	co of dylin	Au.	I. 24e. WAS AN / PERFORI	AUTOPSY MED?	24b. WI	Approximinterval B Onset and Onset and ERE AUTOPSY FI
SICIAN: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final dispase or condition resulting in death) Sequentially list conditions if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant of the cause of th	DUE TO (O	OX AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE ER/Outpatient 3	ENCE OF): ENCE OF): Lo real ENCE OF): uiting in the ur DOA OTHER	the mod	Couse gi	ivan in Part	1. 24e. WAS AN / PERFORI 1 YES 2	AUTOPSY MED? NO	24b. WW	Approximintarval E Onset an On
SICIAN: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final dispase or condition resulting in death) Sequentially list conditions if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant cause. Examiner? 1 YES 2 NO 27. MANNISH OF DEATH 1 Netural 5 Pend Investigation	DUE TO (O d. DUE TO (O	OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE CONSEQ	ENCE OF): ENCE OF): LLG TZL ENCE OF): Uiting in the ur DOA 4 Nur Nur Nur M	26. PLI	Course gi	ivan in Part	1. 24e. WAS AN / PERFORI 1 YES 2	AUTOPSY MED? NO	24b. WW	Approximintarvai E Onset an Onset an ERE AUTOPSY F ALLABLE PRIOR OF DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final dispase or condition resulting in death) Sequentially list conditions if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant cause. Examiner? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Investigations of Could	DUE TO (O	OPA AS A CONSEQUE OPA AS A CON	ENCE OF): ENCE OF): LLG TZL ENCE OF): Uiting in the ur DOA 4 Nur Nur Nur M	26. PLI	Couse gl	ivan in Part EATH (Check on sidence 6 1 28d.	1. 24e. WAS AN / PERFORI 1 YES 2	AUTOPSY MED? NO	24b. WI AM CO OF 1	Approximinterval E Onset an On
D BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final dispase or condition resulting in death) Sequentially list conditions if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cause. Examiner? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend Investigation of the could dester the could dester (Check only 1 CERTIFYING).	DUE TO (O d. DU	DR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE ER/Outpatient 3 INJURY 2 INJURY At homa, C. (Specify) y knowledge, dasth	ENCE OF): ENCE OF): Ulting in the uniting in the	28. PL/3: sling Home 28c. INJU WOF 1 Yoory, office	COUSE GI	ivan in Part EATH (Check on Idence 6 28d.) NO 28f.	I. 24e. WAS AN / PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street er City or Yown, State)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. Wi AM CC OF 1	Approximintarvai E Onset an Onset an ERE AUTOPSY F ARLABLE PRIOR MPLETION OF DEATH? YES 2 Number,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
cal examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
refuneral director, page 5 should be detached for use inval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
ifter death. Page 6 may be retained by the hospital or atte	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	IEALTH AND I	MENTAL HYGIEN		
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Stephen H	. Jones			1 29	1992	7:40P M
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. E	BIRTHPLACE (State or Foreign
212-16-0987	1 M 2 D F	70 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Sept. 8,]		(arvland
Se. FACILITY NAME (If not institution, give s			b. CITY, TOWN C	R LOCATION OF DE	EATH .	9c. COUNTY	
Veterans Adminis		Center	Perry	Point		Ceci	1
10s. STATE 10b. COUNT		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
Maryland Ceci	1	Abeı	rdeen				LIMITS?
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
754 Battle Avenu	e			21001		U.S.	Α.
11. MARITAL STATUS 1 Never Merried 2 X Married	12. WAS DECEDENT EVER II FORCES? 1 X YES	2 NO	13. WAS DEC	ENGENT OF HISPAN	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	World War	ATES		2 NO Specify			Specific:
15. OECEDENT'S EQU							Black
(Specify only highest grade	completed)	16a, DECEOENT'S USI (Give kind of work life, Do NOT use re	done during mo.		16b. KIND OF BUS	SINESS/INDUSTI	RY
Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)		10.0				
17. FATHER'S NAME (First, Middle, Last)		Laborer			unknown		
unknown				18. MOTHER'S NA	ME (First, Middle, Maiden	Surneme)	
19e. INFORMANT'S NAME (Type/Print)					unknown		
Hospital Records					loute Number, City or Town		
20a. METHOD OF DISPOSITION					Perry Poin		
1 X Buriel 2 Cremetion 3 Remi	oval from State 20b	PLACE AND DATE OF O elery, cremetory or other MD Veteran	isposition(Na place) LS Ceme	ne of terv	2-7	CATION — City of	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE						aryrand
> Years	5 2/-	: 4.7	103	West Sto	or Funeral	s, PA et	
23. PART I. Enter the diseases, or can back or heart fallure	complications that caused	the death Do and	Elkt	on MD	21921-5521		
ehock, or heart failure.	List only one ceuse on e	ch line.	enter the mod	se of dying, such	as cerdlec or respin	ratory arrest,	Approximate interval Between
iMMEDIATE CAUSE (Final disease or condition	CEDUTCEMT	A - STAPH	ATTORITO				Onsat and Death
resulting in death)			AUREUS				
		CONSEQUENCE OF):					
Sequentially list conditions,	PNEUMONIA	00110701171107					
If any, leading to immediate csuse. Enter UNDERLYING	DOE TO (OR AS A	CONSEQUENCE OF):					
CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF:					
resulting in desth) LAST		ornorosense or).					
PART ii. Other algnificant condition	contributing to death be	it not resulting in th	ne underlying	cause given in I			24b. WERE AUTOPSY FINDINGS
					PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					26.		OF GEATH?
							10,100
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL/	ACE OF OEATH (Che	ck only one)		
1 Tes 2 And	HOSPITAL:		HER: Nursing Home	5 Residence	Other (Specify)		
27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	RY AT	28d. OESCRIBE HOW IN	JURY OCCURED)
1 Natural 5 Pending 2 Accident Investigation	(Moral, Day, 10er)	MJURY	M 1 Y	ES 2 NO			
3 Suicide 8 Could not be	28e. PLACE OF INJURY	At home, farm, street	t, 1ectory, office		281. LOCATION (Street ar	nd Number or Ru	ral Route Number
4 Homicide determined	building, etc. (Speci	γ)			City or Yown, State)		
290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	doe death occurred at	the time date of	and place and due t			
one) 2 MEDICAL EXAMINER	t: On the beals of examination	end/or investigation, in	my opinion, de	ath occured at the t	o the cause(s) and mann	er se stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER		1 1					
THE OF SERVICES	JAR1 - D	La Va.		29c. LICENSE NUMI	BER	29d. DATE SIGN	NED (Month, Day, Yeer)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH OTEN OT	W.	N 17 A	10	- 1	-27-72.
	AMC PERRY PO						
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		02			_	
FEB06 '92	Lulia Bavidson-1						
7 - 7 - 7 -	0	- 2					

FOR STATE REGISTRAR

1 -

	1. DECEDENT'S NAME (First, MARGARET		BUGEL	JONES			7			2. DATE	OF DEATN	AY]	¥ 68 2	3. TIME OF DI	EATN A.
)	4. SOCIAL SECURITY NUMBER 198-16-9802		5. SEX 1 M 2 F	6. AGE (In yrs	(lest birthday) YRS.	IF UNDER 1	DAYS	IF UNDER	MIN.	(Mont	of BIRTH h, Day, Year) L1/190	5	6. BIRTH Country Haz	elton,	
CTOR	90. FACILITY NAME (II not ins Meridian N	ursin						rvil		EATN			en /	nnes (Co.
DIRE	100. STATE Maryland	10b. COUNT	n Annes (Co.		enter								10d. INSIDE C LIMITS? VX YES 2	
VERAL	Rt.2 & Ar	mstro							617			l	ZEN OF W	HAT COUNTRY	ייי
BY FUN	11. MARITAL STATUS 1 Never Married 2 3			NT EVER IN U.S I YES 2/ WAR OR DATES	NO NO	10	yes, sp		ın, Mexico	en, Puerto	N? (Specify Ye Ricen, etc.)	e or No—	14. RACE Black Speck	- American II , white, etc. 'y: White	
COMPLETED	15. DECE (Specify only Elementary/Secondary (0- 12 yrs.	EDENT'S EDU higheat grade	CATION completed) College (1-4 or 5		Give kind of the Do NOT u	work done di	iring mo	ON ost of work!	ing	161	Own I		USTRY		
BE CON	17. FATHER'S NAME (First, Mi NO RECORD O	f Fir	st Name	В	JGEL			No	Rec	ord	Middle, Maldel				
2	Donald E. J	ones ·	- son		600 W	ildel	Av	e.,		61,	New Ca	stle,	DE.		20
	20e. METHOD OF DISPOSITE 1 □ Burlel 2 ☒ Crematio 4 □ Donation 5 □ Other	n 3 🗆 Rem (Specify)		20b. PL. of ceme	HOCK	SSTN	cr	emato	ory	2/	7/92	Hock	essi	n, DE.	
	Frank C	. Mave	er Jr!	h.		Sp N	i ce Du	nd addre r-Mu Pont	iss of FA lik Pkw	in F	uneral New Ca	Home	es a I	nc.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):														
Y PHYSICIAN: MEDICAL CE	PART II. Other aignifica	nt condition	e contributing to	o deeth but r	not reaulting	in the un	derlyin	ng cause	given in	Part i.		N AUTOPSY ORMED? 2 X NO	24b	WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH? 1 YES 2	IOR TO OF CAUSE
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpat lent 3 DOA Washing Home 5 Residence 8 Other (Specify)														
BY PHYS	27. MANNER OF DEATN Neturat 5	Pending Investigation	28s. DATE O		28b. Til		28c. IN	JURY AT ORK?	NO	e 6 ☐ Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED					
8		Could not be determined		OF INJURY I I, etc. (Specify)	At home, farm,	strest, facto	ry, offi	ce /		281. LO C/t)	CATION (Stree or Town, Stat	t end Number e)	or Rural I	Route Number,	ш
COMPLET	one)	CAL EXAMIN	ER: On the basic of					death occu		e time, dat		end due to th	ne cause(s) and manner	
TO BE	30. NAME AND ADDRESS OF	u	RE	USE OF DEATN	UTEM 27) (7/2			D	12	34	S Cente	> 2	/	<u>-92</u> D 2161	
	31. DATE FILEO (Month, Day,	Year)	32. REGISTE	AR'S SIGNATU	RE) V	/, U	ur	L HOL	ise S	5Q.,	Sente		اا و ت	ח קומן	/
	FEB05 '9	12	Julia Da	vidson-A	andell										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

use	
ò	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT, If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	at
5 should	otified
90e	96
ctor. p	nust
dire	10
funeral	medical examiner must be notifi
th the	100
d in b	medi
ily fille ation,	the
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Midd Marian B.				2. DATE OF DEATH MONTH DAY Feb. 8, 1	992 YEAR	3. TIME OF DEATH 6:45 p. M
4. SOCIAL SECURITY NUMBER 219-56-5853 9a. FACILITY NAME (If not inetitution	1 🗆 M 2 🔀 F	78 YRS. MOR	UNDER 1 YEAR IF UNDER 24 HRS. ITHIS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF I	7. DATE OF BIRTH (Month, Day, Year) 4/18/13 DEATH	8. BIRTH Counti	DE
223 Conestor RESIDENCE OF DECEDE 10a. STATE MD	oga St.		Charlestow		Ceci1	
10a. STATE MD	Cecil		wn or location arlestown			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER	- CI		10f. ZIP CODE		log. CITIZEN OF V	20
10e. STREET AND NUMBER 223 CONESTOR 11. MARITAL STATUS 1 Never Married 2 Marrie	12. WAS DECEDENT EVER	IN U.S. ARMED	2191 13. WAS DECENDENT OF HISP/ If yea, apecify Cuban, Maxic	NIC ORIGIN? (Specify Yes or en, Puerto Rican, etc.)	Black	American Indian, white, etc.
3 Widowed 4 Divorced 15. DECEDEN	I'S EDUCATION	10a. DECEDENT'S USU	1 TYES 2 NO Spec	16b. KIND OF BUSINI		White
15. DECEDEN (Specify only higher Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, I	College (1-4 or 5+)	(Give kind of work of the Do NOT use retained	done during most of working	160. KIND OF BUSINE	ESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, I		1.0110		AME (First, Middle, Meiden Sur	mame)	
Amos M. Bu				a M. MacDon		
Lewis Jacks			RESS (Street and Number or Rural			21903
20g. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF DE	ackson Stat:		erryvi ION – City or To	
1 X Burlal , 2 - Cremeflon 3 4 - Donation 5 - Other (Special Control of the Contr	(y)	metery, crematory or other p	metery 2/		1000	sit, MD
ET. SIGNATURE OF FUNERAL SER	VICE LICENSEE		22. NAME AND ADDRESS OF F. Gee Funeral Elkton, MD	ACILITY		7-2-77
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thei initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF): A CONSEQUENCE OF):	for Disea	s.a.		10 grs
PART II. Other eignificant con	d	but not resulting in th	underlying cause given in	Part I. 24s. WAS AN AUT	maey 24	WERE AUTOPSY FINDINGS
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 22 NO 27. MANNER OF DEATH				PERFORME 1 YES 2	D?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 25 NO	HOSPITAL:		28. PLACE OF DEATH (CI			
		28b. TIME OF INJURY	Nursing Home 5 Rasidenca 28c. INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW INJU	RY OCCURED	
2 Accident Investig 3 Suicide 6 Could 4 Homicide detarm	20s. PLACE OF INJUR's building, etc. (Sos	f — At home, farm, atreet, cify)	1 YES 2 NO	28f. LOCATION (Street and I City or Town, State)	Number or Rural R	oute Number,
29a. CERTIFIER (Check only one) 2 MEDICAL ED	PHYSICIAN: To the best of my know KAMINER: On the basis of axamination	riedge, death occurred at	he fime, data and place, and due	to the cause(s) and manner	an stated.	and menner as stated.
29b. SIGNATURE AND TITLE OF CE	RTIFIER MAN	lead pr	rector D1		d. DATE SIGNED	
H. Farkas, 1 31. DATE FILEO (MONTH, Day, Year)	D North 4	-n Ches	aprope Ho	gice, 111 Ho	rod	59. E/K/an
FEB11 '92	Julia Baridso	n-Randelle				'פריי

Frankling Street Donner

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGISTRAR	OTATE OF IN	CI	ERTIFI	CATE (OF DEA	TH	MENTA	REG. NO	VE).		
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	E OF DEATH	MY	YEAR	3. TIME OF DEATH
Leona	В.	Johr	son				2	- 1	- 92	TEAR	12:54 F
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YE		R 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
578-07-0208	1 □ M 2 💢 F	93	YRS.	MONTHS DA	YS HOURS	MIN.	Jun	e 24,	1898	Mary	and
a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCAT	ION OF D	EATH		9c. COU	NTY OF D	PEATH
Memorial H	ospital			E	aston				12.	Tall	oot
ESIDENCE OF DECEDENT											
De. STATE 10b. COUNT				, TOWN OR L							10d. INSIDE CITY
	albot		S	st. Mi	chaels						1 X YES 2 NO
231 A No:	rth St.				101. ZIP COD 2166				10g. CIT		WHAT COUNTRY?
I. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S.AR	MED	13. WAS	DECENDENT	OF HISPA	NIC ORIGI	N7 (Specify Ye	s or No-	14. RAC	E — American Indian,
☐ Never Married 2 ☐ Married Wildowed 4 ☐ Divorced	IF YES, GIVE W	YES 2 (A)	40		s, specify Cub YES 2 X NO			Rican, atc.)		Spec	k, White, atc.
15. DECEDENT'S EDI (Specify only highest grad	CATION			USUAL OCCU			16	b. KIND OF BL	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	life.	Do NOT use	e retired.)	g most of work	Ing					
5			Crab.	Picker	•			Seaf	ood		
FATHER'S NAME (First, Middle, Last)					18. MO7	HER'S NA	AME (First.	Middle, Maider	Sumama		
									, ourname,		
. INFORMANT'S NAME (Type/Print)		100	h MAH MC	ADDRESS (2)				ailey			
	aon				reet and Numbe						21662
eanette L. John	son	1			st. S	St. 1					
n. METHOD OF DISPOSITION Burlel 2 Cremation 3 Ren	noval from State	20b. PLACE /	AND DATE O	of DISPOSITIO	N (Nama of		OA	TE 20c. L	OCATION —		
□ Donation 8 □ Other (Specify)		Thomas	s Mem		Cemete		_	92 St	. Mic	chae l	s, Maryla
SIGNATURE OF FUNERAL SERVICE L	CENSEE		0		E AND ADDRE						
D //	To the	anuel	/		rison l S. Ta						
secuting in death) Gequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST	b. ART DUE TO (OF AS A CONSECUTION OF AS	CLE R DUENCE OF	HEN	CARI	FA	ASC ILUX	UCAR RE	Dis	asi	
ART II. Other significent condition	ns contributing to	deeth but not r	reaulting li	n the under	lying cause	given in	Pert I.	24a. WAS AI PERFO 1 YES	RMED?	246	WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
WAS CASE REFERRED TO MEDICAL				2	6. PLACE OF E	DEATH (C)	heck only o	ne)			
EXAMINER? 1 YES 2 KNO	HOSPITAL:	ER/Outpatient 2	DOA	OTHER:							
MANNER OF DEATH	28s. DATE OF		28b, TIME		Home 5 R	SIGNACO	1	er (Specify) SCRIBE HOW	IN HIEV CO	CURES	
1 Natural 5 Pending	(Month, Da		INJU	URY	WORK?	7	200. DE	SCHIBE HOW	MJUHT OC	CURED	
2 Accident Investigation	40.000				YES 2	_ NO					
3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE Of building, e	INJURY — At ho atc. (Specify)	me, ferm, si	treet, factory,	offics		281. LO	CATION (Street or Town, State	and Number	r or Rural I	Route Number,
Check only											
2 MEDICAL EXAMIN	ER: On the basis of ex	amination and/or i	investigation	n, in my opinie	on, death occu	red at the	time, det	s and place, a	nd dus to th	ne cause(s	s) and manner as stated
b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LIC	ENSE NU	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
War	or MD					1)	263	350	1	2/1/	97
. NAME AND AGORESS OF PERSON WI	10 COMPLETED CAUS	E OF OEATH (ITE	M 27) (Type.	Print)		/ 0	- Q ,	0		1-1	then
WILLIAM S	BREME	K M	P		5.1	MICI	HAE	45	Me	1 =	21663
FEB = 4 19	92 Suh	a Saydown	Dur	Les.							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, WARYLAND 21215-0020	4 hours after death. Page 6 may be mainer by the mooth or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 hours the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
RAR	CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT		MENTAL HYGIENE REG. NO.	22 04000				
1. DECEOENT'S NAME (First, Middle, La PAUL	pt) D	KNTGH	TEN	2. DATE OF DEATH DAY	year 92 07:50 AM M				
4. SOCIAL SECURITY NUMBER 212-62-2306 90. FACILITY NAME (If not institution, gir	1 x M 2 □ F 38	s. lest birthday) IF UNDER MONTHS		June 3, 1953	8. SHRTNPLACE (State or Foreign Country) Washington, D.C.				
NORTH ARINDEL. RESIDENCE OF DECEDENT 10a. STATE 10b. COU Maryland Ann	HOSPITAL ASSOCIA		LEN BURNIE	55.000	A.A. COUNTY				
	e Arundel Drive	Cr	ofton 101. ZIP CODE 21114		LIMITS? 1 YES 2 NO IZEN OF WHAT COUNTRY?				
100. STREET AND NUMBER 1674 Albermarle 11. MARITAL STATUS 1 Nover Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	IZNO I		ANIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc. Specify: White				
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last) Carl W. Wasiah		e. DECEDENT'S USUAL OF (Give kind of work done of life. Do NOT use retired.) Teacher		166. KIND OF BUSINESS/INI	DUSTRY				
17. FATNER'S NAME (First, Middle, Last) Carl W. Knigh	ten		Mary	AME (First, Middle, Meiden Sumeme) A. Ortman					
Carl W. Knighte:		1674 Albe	rmarle Dr.	Route Number, City or Town, State, Zig Crofton, Md. 2]	1114				
20e. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremation 3 □ R 4 □ Donation / 3 □ Other (Specify) □ 21. SEDIATURE OF FURERAL SERVICE	emoval from State cameter Met	22.	Crematory NAME AND ADDRESS OF F	1/27/92 Alexand	ome				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. A Cquret DUE TO (OR AS A CO) DUE TO (OR AS A CO)	e death. Do not enter line. Annue NSEOUENCE OF): NSEOUENCE OF): NSEOUENCE OF): NSEOUENCE OF):	ne Defic	ich as cordioc or respiratory and ichny Synd ituiti's Wi Blindnes incers	Approximata interval Between Onset and Death				
PART II. Other significent condit	d. Bilates ions contributing to deeth but in Aneum's Mal mi			Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
25. WAS CASE REFERRED TO MEDICAL EXAMINERY? 1 YES 2 THO 27. MANNERY OF DEATH	HOSPITAL:		28. PLACE OF DEATN (C	1 [] YES 2 [] NO ATN (Check only one)					
2 Accident investigation	1 ☑ Inpetient 2 ☐ ER/Outpetier 28a. OATE OF INJURY (Month, Day, Yeer)	28b. TIME OF INJURY M	ing Nome 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCC					
3 Suicide 6 Could not I 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	building, atc. (Specify)			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
(Check only 1V) CERTIFYING PN one) 2 MEDICAL EXAM 256. SIGNATURE AND TITLE OF CERTIF	YSICIAN: To the best of my knowledge NER: On the beste of examination end			e time, date and place, end due to th					
30. NAME AND ADDRESS OF PERSON			1014	-136 1	27/92				
DALJIT S. SAWH	NEY, M.D./1600 (AY, SW, #20	1/GLEN BURNIE,	MARYLAND 21061				

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

1 - STATE REGISTRAR				F DEATH		REG.	NO		
1. OECEDENT'S NAME (First, Middle,	Last)				- Y	. DATE OF OEAT	Н		3. TIME OF DEATH
Carrie Le	e KETROW					01	22 :	1992	7:17P M
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEA		HRS. 7	Month, Day, Ye	4		IPLACE (State or Foreign
578-44-2159	1 M 2 XF	56 YRS.	MONTHS DAY	'S HOURS	MIN.	April 3	0, 193	5 Wa	shington, DC
9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOV	N OR LOCATION	OF DEAT	н		UNTY OF	
Doctors Communi	ty Hospital	1	Lanho	zm			Priv	ice G	eorge's
RESIDENCE OF DECEDEN 10a. STATE 10b. CC		10c. CITY	TOWN OR LC	CATION					10d. INSIDE CITY
	ince George's		Carrol						LIMITS?
10e. STREET AND NUMBER	ince deorge s	New	Callo	101, ZIP CODE			1 100 0	TITEN OF	1 X YES 2 NO
8428 Carrollto	n Parkway			2078	84			S.A	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	RIN U.S. ARMED	13. WAS	OECENOENT OF , specify Cuban,	HISPANIC Mexicen, 1	ORIGIN? (Specifi Puerto Rican, etc.	y Yes or No-	14. RAC Blec	E — American indian, k, White, etc.
3 K Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2X NO		anto mount ou	.,	Spec	
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEDENT'S U	USUAL OCCUP	ATION most of working		16b. KIND OF	F BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)			most of working					
8th Grade	None	Waitres	S			Resta	urants		
17. FATHER'S NAME (First, Middle, Les	1)					(First, Middle, Ma	iden Sumame)		
William Bolin						ortale			
19a. INFORMANT'S NAME (Type/Print)				et and Number or					
William L. Phi	Ipott, SR. (Sc				kway				
20s METHOD OF DISPOSITION 1 N Burlet 2 Cremation 3	Removal from State	tery, crematory or oth	FOISPOSITION her place)_	I (Name of		DATE 200	. LOCATION -	- City or To	own, State
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE	re unstand	tery, crematory or off ort Linco	In Cen	letery	01/3	25/92 B	rentwo	od,	Maryland
1/2011	701 \ //		Fran	icis Gas	sch's	Sons	Funera	1 Ho	me, P.A.
1 laye	1) 1 otu	~							, Md. 20781
23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	ure fiet only one cause on	aach line. A CONSEQUENCE OF							Approximata interval Between Onset and Daath
	- 3	Ch the	, Ol	e outh	L .				
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	1		<i>(</i> **	1.		
cause. Enter UNDERLYING CAUSE (Disease or Injury	· Mas	Sine	In	tra Oc	rel	wal	blee	ding	9
thet initiated events								7	
resulting in death) LAST	a. Hy	pertin	Score						
PART II. Other significant cond	litions contributing to deeth	but not resulting in	the underly	vina cause alv	en in Pe	r2 1 240 WM	S AN AUTOPSY		WERE AUTOPSY FINDINGS
	renal	Pai	Por	ying cause giv	on mra	PE	RFORMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	A A	relite	CONC	6	6 /		s 2 KNO	- [OF DEATH?
- Ola	nus N	cert ?	8	Jann.	Sell	m.			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDIC	A1			egow	ww	7.			
EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEA					
27. MANNER OF DEATH	1 Unpatient 2 ER/Ou 28s. DATE OF INJUR			INJURY AT				2011050	
1 Netural 5 Pending	(Month, Day, Year		JRY	WORK?		d. DEŞCRIBE H	OM INJURY OF	CORED	
2 Accident Investigat 3 Suicide & Could no	28s. PLACE DE INJUI	RY — At home, ferm, st				M. LOCATION (St	mat and Alumb	ne de Orient I	Davida Africa
4 Homicide determine	building, etc. (St	pecify)	reet, rectory, c	41100	21	City or Town, S		er or murai i	TOUTS NUMBER,
29a. CERTIFIER 1 CERTIFYING F	PHYSICIAN: To the best of my kno	wieden deeth engues	d at the time.						
	MINER: On the basis of examinat								and manner as stated
29b. SIGNATURE AND TITLE OF CER			0						
	Keroulty	Moral	1	MD 29c. LICENS	2 HUMBE	1627	3 Ped. DA	1/2.	(Month/Day, Year) 3 / 92
30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE OF !	6 (30 L/	Prigit)	OVER	R	o Li	ANDO	VEI	2 140 20785
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	SNATURE SOLUTION	9				-		
IAN 27 19	192 Julia Day	idson-Mandel	عاد						

mending physician. BALTIMORE, MARYLAND 21215-0020

useruse the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be use filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at a

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAN 27

BALTIMORE MARYLAND 21215-0020 O. BOX 68760, RECORDS. DIVISION OF VITAL

31. DATE FILED (Month, Day, Year)

27

1992

32. REGISTRADE SIGNATURE Pandall

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wie Altertie Pulming mass

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPAR						HYGIENI REG. NO.		_	04000	
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH	KELLEY	1		**			2. DATE OF MONTH	DEATH DA	Ď5 Š	3.	3:05P M	
)		SEX 6. AGE (In yrs. in	IF UNDER 1	DAYS				DATE OF BIRTH		6. BIRTHPLACE (State or Foreign Country)			
NO NO	9a. FACILITY NAME (If not institution, give street and number) WILLIAM HILL MANOR			96. CITY, TOWN OR LOCATION OF DEATH EASTON, MARYLAN						9c. COUNTY OF DEATH TALBOT			
5	RESIDENCE OF DECEDENT				PY, TOWN OR LOCATION							I INCIDE CITY	
DIRECTOR	MD TALBOT			LASTON					1 💢			I. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	501 DUTCHMAN'S LANE				21601 109. CITIZEN OF						S.	COUNTRY?	
B≺	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, specify Cuban, Mexican, Puerlo Rican, etc.)						Black, W	American Indian, hita, etc. WHITE		
COMPLETED	(Specify only highest grade completed) (Give kind life. Do NO			S USUAL OCCUPATION work done during most of working use retired.) RETARY				16b. K	CHEMICAL. COMPANY				
BE CON	17. FATHER'S NAME (First, Middle, Last) ORLAN TILGHMAN KELLEY 18. MOTHER'S NAME (First, Middle, Meiden Surname) MINTA ELIZABETH TODD										OD		
198. INFORMANT'S NAME (Type/Print) ORLAW T. KELLEY, SR. 190. BOY 288, SYNYNA, DE										vn, Stete, Zip Code) 19977			
20a. METHOD OF DISPOSITION 1 General 2 Gramation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of commetary, cromatory or other place) 5 ALIS BURY GREAMATORY 20c. LOCATION — City or Town, other place) 5 ALIS BURY, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRAMPTOYN — HAWKIWS — ESKOW FUI POBX 43, FEDERALSBURG, MD											URY, MD		
											neral Home 2/632		
	Onset and Death										Approximate interval Between Onset and Death		
z	e. DUE TO OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	F):											
ERTIFI	that initiated eventa resulting in death) LAST												
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting I				n the underlying cause given in				I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		CO OF	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION DF CAUSE OF CEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) COLMER:												
lS.		☐ Inputient 2 ☐ ER/Outputient	3 DOA	4 Nurs	t: ilng Home	5 □ R	esidenca	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	E OF 28c. INJURY AT WORK? M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED							
	3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
BE	296. LICENSE NUMBER 29d. OATE SIGNED (Month), Day, You 3 9 1 2 6 9 2									onth, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMBI ETED CALICE OF DEATH OF	EM OT CE-	D-1-41			/	' !		/	5.0		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

· 100

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) Henry	Kellum			FDEATH	2. DATE OF C	25	3. TIME OF DEAT						
)	4. SOCIAL SECURITY NUMBER 218 20 6971	5. SEX 6. AGE (In yrs. 1	YRS.	MONTHS DAYS		7. OATE OF B (Month, De	(Noar) 4/96	BIRTHPLACE (State or Fo						
œ	9s. FACILITY NAME (If not institution, give st			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
DIRECTOR	Meridian Nurs	3		Eas			Tall							
OIRE	10s. STATE 10b. COUNTY	11	10c. CIT	PSTO			10d. INS							
AL	10e. STREET AND NUMBER	ute h nunn's	40		10f. ZIP CODE	,	10g. CITIZE	EN OF WHAT COUNTRY?						
FUNER	Rt 50 & D	NIC ORIGIN? (S.	pecify Yes or No.— 1	4. RACE — American Indi										
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 Yes or No— 1 1 yes, specify Cuben, Merican, Pusrto Rican, etc.) 1 Yes, GIVE WAR OR DATES 13. WAS DECEDENT FOR HISPANIC ORIGIN? (Specify Yes or No— 1 1 yes, specify Cuben, Merican, Pusrto Rican, etc.) 1 Yes 2 No Specify:													
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. OECEGENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.)													
- 1	Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)													
COMPI	17. FATHER'S NAME (First, Middle, Last)	K 00			18. MOTHER'S N	Λ	e, Maiden Surname)							
BE (19s. INFORMANT'S NAME (Type/Print)	1 Le seum	19b. MAILING	G ADDRESS (Stree	at and Number or Rura	Floute Number	City or Town, State, Zip C	Code)						
5	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number Abity or Town, State, Zip Code) Code Code One													
	20a, METHOD OF OISPOSITION 1 Burisl 2 Cremation 3 Remo			or other place	oww W	VATE	20c. LOCATION — CI	Ity or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE LIC			_	AND ADDRESS OF F	ACILITY	1 d	Ja. Jica						
	1 200	Atil			322	SAK	the	2160						
	23. PART I. Enter the diseeses, or of ahock, or heart failure.	complications thet ceused the List only one ceuse on each if	deeth. Do ne.	not anter tha r	mode of dying, au	ch aa cardiac	or reapiratory arre	Interval E						
	iMMEDIATE CAUSE (Final disease or condition	CARLA		Non	537		0	Onset an						
	resulting in deeth)	OUE TO (OR AS A CONS	SEQUENCE C					1111/100						
NO	Sequentielly list conditions,	DUE TO (OR AS A CONS	SEQUENCE O	nen:										
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury			. ,.										
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE C	OF):										
E		1						+						
ਹ	PART II. Other aignificant condition	a contributing to death but no	_		ing cause given i		PERFORMED?	24b. WERE AUTOPSY I AVAILABLE PRIOR COMPLETION OF						
ਹ				2		1	TYES 2 PINO	OF DEATH?						
ਹ	MIL.													
MEDICAL CI	<u></u>		25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
MEDICAL C	EXAMINER?	HOSPITAL:	- m	OTHER:		EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA A Nursing Home 5 Residence 8 Other (Specify)								
MEDICAL CI	EXAMINER?	1 ☐ Inpatient 2 ☐ ER/Outpatient 28e. DATE OF INJURY	28b. TII	OTHER: 4. Nursing H	ome 5 - Residence	_	BE HOW INJURY OCCU	URED						
PHYSICIAN: MEDICAL CI	EXAMINER?	1 Inpatient 2 ER/Outpatient	28b. TII	OTHER: 4 Nursing H ME OF 28c. JURY	ome 5 🗆 Residenc	_		URED						
ED BY PHYSICIAN: MEDICAL CI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 ☐ Inpatient 2 ☐ ER/Outpatient 28e. DATE OF INJURY	28b. Till	OTHER: 4.4 Nursing H ME OF 28c. JURY M 1	ome 5 Residence INJURY AT WORK? YES 2 NO	28d. OESCRI								
D BY PHYSICIAN: MEDICAL CI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	1 □ Inpatient 2 □ ER/Outpetient 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — At	28b. Til IN home, ferm,	OTHER: 4 Nursing H ME OF 28c. IJURY M 1 [street, factory, o	ome 5 Residence INJURY AT WORK? YES 2 NO	28f. LOCATIO City or R	BE HOW INJURY OCCU IN (Street and Number own, State)	or Rural Route Number,						

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TO THE POWER OF STREET WAS COUNTRIES US DOOR STREET BY COMPANY THIS WIND HIS WIND HIS WIND AND THE POWER STREET)	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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and die	ation.	the	
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מום וופו	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	umatic	
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LOINETE	within 7	TANT	
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ached for use as the burial-transit permit. Pages 1, 2, 3 should

hospital or attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIEN		0,00
	1. DECEDENT'S NAME (First, Middle, Leet) GRACE	IFE				2. DATE OF DEATH DATE 1/24/92		3. TIME OF DEATH 3.05AM M
	4. SOCIAL SECURITY NUMBER 197 18 4470	5. SEX 6. AGE (In y	1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT. 14	, 1900 ° N	HPLACE (Stem or Foreign my Belvin irginia
TOR	9a. FACILITY NAME (If not institution, give str PRINCE GEORGES HOS RESIDENCE OF DECEDENT			96. CITY, TOWN O	PR LOCATION OF DE	ATN	9c. COUNTY OF PRINCE	
DIRECTOR	Maryland Prin	ce George's		ndove				10d. INSIDE CITY LIMITS? 14 YES 2 HO
FUNERAL	8107 Manson	Street		10f.	20785		109. CITIZEN OF USA	WHAT COUNTRY?
8	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE:	M NO	t3. WAS DEC	cify Cuban, Mexican		or No— 14. RAC Blac Spe	E — American Indian, ck, White, etc.
COMPLETED	15. DECEOENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of we life. Do NOT use	ork done during most retired.)	st of working	16b. KIND OF BUS	PVT.	
BE COM	17. FATHER'S NAME (First, Middle, Lest) William Norr	is			Mary	ME (First, Middle, Maiden 7 Norris		
101	Verna Steele		8107	Manson	Street		er, Mar	yland20785
	20g METHOD OF DISPOSITION 1 ABurial 2 Cremation 3 Remort 4 Donables 5 Other (Specify)	val from State Cemela			al Park	1-28 La		, Maryland
	Semmy 6	NealS	c.	7474	Landor		Landove	ome r,MD 20785
NC	23. Port 1. Enter the deesea, protection abook, or heart feliure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions.	Respire OUE TO (OR AS A CO LUNG 1	alory poseouence of Mass	Fail			ratory arrest,	Approximete interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ma.					
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to deeth but	not reaulting in	the underlying	, ceuse given in f	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO- COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAL		HOSPITAL:		OTHER:	ACE OF DEATN (Che			
ву РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st	reet, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
COMPLETED		IAN: To the best of my knowledg : On the besis of exemination an						(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Mb			D 425			D (Month, Day, Year) 25/92.
	30. NAME AND AGORESS OF PERSON WHO AR WITHT	SINCH	AUJLA	t. P	RINCE	George	Hosp	17182
	JAN 28 1992	32. REGISTRADE SIGNATU	- Pandell					

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is is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	
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notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Lest)	Margakel	0	NCH		2. DATE OF DEATH MONTH DAY	5 92	3. TIME OF OEATH 8.50 Am
	4. SOCIAL SECUPITY NUMBER 215-44-3939 9a. FACILITY NAME (If not institution, give	1 M 2 K F	92 YRS.	F UNDER 1 YEAR DATHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-10-189	Count	PLACE (Stere or Foreign ny) nington, DC
DIRECTOR	RESIDENCE OF DECEDENT	MEMORIAL 1	Hosp. Cal	Riverda	r location of d	EATH	Prince	George's
	Md. Pr.	George's	63	iverdal	e			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	5513 Taylor Rd.				20737		U.S.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAI colfy Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Yes on, Puerto Rican, atc.) y:	Black	E — American Indien, k, White, atc. My: White
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12)	completed) College (1-4 or 5+)	Ille. Do NOT use r	k done during mo etired.)	N It of working	18b. KIND OF BUSI		
OM	17. FATHER'S NAME (First, Middle, Last)	none	Home	Maker	10 MOTNED'S NA	Own Hom ME (First, Middle, Maiden S.		
	Fred M. Dickinson					oette Wirth	urname)	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street a		Route Number, City or Town,	State Zin Code)	
2	Sue B. Lynch		1			dale, Md.		
	20e. METNOD OF DISPOSITION 10 Burlel 2 Cremeton 3 Ren 4 Donation 5 Other (Specify)	noval from State cem	PLACE AND DATE OF I etery, cremetory or other Fort Linc	DISPOSITION (Na place)	me of	OATE 20c. LOCA	ATION City or To	
	21. SIGNATURE OF FUNERAL AERVICE LI	Hose Dan	TOLE BINE	Gasch Gasch	S Funera	CILITY	rentwood 39 Balti	more Avenue
CERTIFICATION	23. PÄRT I. Enter the diseases, or ahock, or haert feilura. IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	Extensive on as a Retractor out to your as a Retractor out to your as a Retractor out to your as a case of the control of the control out to your as a case of the case of	CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF:	teral	pner ry fair	monic live inffailen	4	Approximate interval Between Onset and Dasth
MEDICAL	PART II. Other eignificant condition Multi-Sys Winamy Multure 25. WAS CASE REFERRED TO MEDICAL	V.	ut not reaulting in the state of the state o	he underlying	csuea givan in	Part I. 24a. WAS AN AI PERFORM 1 YES 2 5	ED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2	EXAMINER?	HOSPITAL:		THER:	CE OF DEATH (Che			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Active	20a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	RY AT	8 Other (Specify) 28d. OEŞCRIBE HOW INJ	URY OCCURED	
- 0	3 Suicide e Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specific	— At home, farm, atre-	et, factory, office		281, LOCATION (Street and City or Town, State)	1 Number or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMINE	ICIAN: To the best of my knowle ER: On the basis of examination	edge, death occurred a and/or investigation, is	t the time, date	and place, end due	to the cause(s) end menne time, data and place, and o	or ee stated. Sua to the cause(a)	and menner as stated.
IO DE	29b. SIGNATURE AND, TITLE OF CERTIFIE A L C C C C C C C C C C C C C C C C C C	ino. Att	inding		D21	200	Pd. DATE SIGNED 1 − 2	5-1992
	SHRINIVAC R. U 31. DATE FILED (Month, Day, Year)	DAP4.7245	Hanov	a PK	WAY C	Freenbel	+, MDZ	20776
	JAN 27 1992	32. REGISTRAR'S SIGNA Junia Davido	son-Handell					

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BALTIMORE, MARYLAND 21203-3146	ay be	page	t be
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00	lires t	Signe	WS 3
IIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requ	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, Ill death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	PITAL	ERAL n 72 i	1 1
	HOS	FUN	HTAN
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nown after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: A be filed within 72 hours after d	MPO
	-	- 0	-

1 - FOR STATE REGISTRAR	STATE OF					ALTH AND	MENTA	L HYGIEN				
1. DECEDENT'S NAME (First, Middle, La Elois Hav		La	wrence	2			MONT	OF DEATH	DAY	YEAR	3. TIME OF DEATH	P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.			YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	J., J	a. BIRTH	IPLACE (State or Fore	
239-24-0864	1 🔀 M 2 🗆 F	68	YRS.	MONTHS	DAYS	HOURS MIH.		n, Day, Year)	1923	NO	oth Carol	in
9a. FACILITY NAME (If not institution, gi				9b. CITY,	TOWN OF	LOCATION OF O	EATH			NTY OF C		
St. Mary's Hos	pital			Leo	nard	town			St	Mar	y's	
10a. STATE 10b. COL			-	TY, TOWN OF							10d. INSIDE CITY LIMITS?	
Maryland St.	Mary's		L	exing		Park			I 10a CIT	IZEN OF Y	1 YES 2 T	0
110 National Mo	hile Home				1.00	20653				IS Z		
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.				NDENT OF HISPA				14. RAC	E — American Indian	١,
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE	WAR OR DATES				NO Speck		rivairi, etc.)		Spec	ity:	
15. OECEOENT'S I	DUCATION	16a.	DECEDENT'S	USUAL OC	CUPATION	1	168	. KINO OF BL	JSINESS/INI		ite	
(Specify only highest g.	College (1-4 or 5	+)	(Give kind of life, Do NOT u	work done di ise retired.)	luring most	of working						
12th Grade			Insp	ector						Cont	ractor	
17. FATHER'S NAME (First, Middle, Lest) Elizah	_	70				18. MOTHER'S NA		Middle, Maldei				
19a. INFORMANT'S NAME (Type/Print)	Lawrence	Je	10h MAILIN	O ADDRESS	/Street en	Lela d Number or Rural		ther City or To		3Lack	(_
Donna I. Craven											ck, Md. 2	06
20a. METHOO OF DISPOSITION		20b. PLA	CE OF DISPO			stery, crematory or		7	OCATION -			00
1 Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify)			crema	atory					linto	on, N	Maryland	
21. SIONATURE OF FUNERAL SERVICE Michael &		1.	7			address of F						
immediate cause (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Aug DUE TO	O (OR AS A CON	SEOUENCE (OF): Suffering (September 1997);		Failu					Onset and	Dea
PART II. Other aignificant condi	copp	, (-	24a. WAS A PERFO	RMED?	241	D. WERE AUTOPSY FIR AMILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	O AUSE
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHER		CE OF DEATH (C	heck only a	ne)				_
1 YES 2 NO	1 Impetient 2		3 □ DOA 26b, Til	4 🗆 Nurs		5 - Residence		er (Specify)	IN HITTO OC	MIDED		_
1 Netural 6 Pending	(Month,	Day, Year)	IN	JURY M	WOF	IK?	200. DE	SCHIBE HOW	INJUNY OC	CONED		
2 Accident Investigati 3 Suicide 6 Could not 4 Homicide detarmine	be 28e. PLACE building	OF INJURY — A	t home, farm,	, street, tacto	ory, offica			CATION (Street or Town, State		or or Rural	Route Number,	
onel only	HYSICIAN: To the best of										a) and manner as at	nted.
296. SIGNATURE AND TITLE OF CERT	FIER	, 2			T	29c. LICENSE NU	JMBER		1		(Month, Day, Year)	
100		new				0362	06		0	2/6	192	
30. NAME AND ADDRESS OF PERSON	N D.	14 (5)	271		2)	Leona	ardto	owo. M	arvla	nd	20650	
31. DATE FILED (Month, Day, Year) FFR = 3 '92	32. REGISTE	avidson-M	NE.									
1 FFR - 2 34	GUNERA	autason-1										

	1. DECEDENT'S NAME (First, Middle, Las	st)	- 0.	LITTICA	IE OF	DEATH	2 547	REG. NO.		1.	
1.00	Hannah Y. La						2. DAI	TH OP	19		TIME 0
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. les	yrs. IF UN	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	. (Mor	E OF BIRTH		BIRTHPL Country)	ACE (St
1	9s. FACILITY NAME (If not institution, giv	re street and number)	0,1		CITY, TOWN	OR LOCATION OF		3-1910	9c. COUNT	orth	
TOR	Carroll Coun	ty Gen. Ho	ospit	al	West	Minste	r		Ca	rrol	.1
DIRE	Maryland Car	roll		10c. CITY, TOW Mil	N OR LOCA					- 10	Od. INSII
FUNERAL	4710 Alesia	Lineboro 1	Rd.		101. ZIP CODE 21107			10g. CITIZEN OF			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	led 2 Married FORCES? 1 YES 2 NO									- Americ White, et
TED	15. DECEDENT'S EI (Specify only highest gra	lest grade completed) (Give kind of w			S USUAL OCCUPATION work done during most of working			b. KIND OF BUSI	INESS/INDU		Wh:
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	eamstr	ired.)			Pen	te F	ecto	יזייני
COMPL	17. FATHER'S NAME (First, Middle, Lest)				000	18. MOTHER'S NAME (First, Middle, Maiden Surname)					± J
BE	James B. Yel	MAN NIO 125	Deliah Harrell G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
2	Charles I. M	iller	3	286 Ch	armi	l Driv	e, N	nber, City or Town, [anche:	ster ster	• Md	. 2
	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 2-77 1 200 20c. LOCATION - City of Towns										, Stata
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Other (Specify) KIrkridge Church Cem. Manchester INERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								Mo	
	22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 3296 Charmil Dr. Manchester										
	7. Sail	Eeshan	18							- d	2//
	23. PART i. Enter the diseases, D	r complications that cer	St used the da	eth. Do not an	3296	Charm	il I	r. Mai	nche	ster	Арр
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	anock, or neart failur	a. CONGE	on aech iina	eth. Do not an	3296 nter tha mo	Charm	il I	r. Mai	nche	ster	App
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Julia Davidson-Pandalle

			ICATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	INEZ W. MAI	FIELD			2. DATE OF DEATH MONTH D	2-3-92 AV YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BIRT	HPLACE (State or Foreign
461-82-2589 9e. FACILITY NAME (If not institution, give a	1 M 2 F 84	4 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6/25/07		l'exas
Holy Cross Hospi				Spring	АТН	Montgo	500 000
Maryland Howa			mbia	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10x street and number 12290 Green Mead	dorr Dr. And	216		ZIP CODE		- 11	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN			21044	10.000000000000000000000000000000000000	U.S.A	
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexices 2 NO Specify	IC ORIGIN? (Specify Yes 1, Puerto Rican, etc.)		CE — American Indian, ok, White, atc. city: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATIO rork done during mo- e retired.)	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY	777135 0 (0)
		Homema	ker				
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
James F. Walker	5				K. Allen		
Gerald L. Mayfield	d Ton				oute Number, City or Tow		
					Greenwich		
20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF STREET, CREMETOR OF STREET	F DISPOSITION (Na her place)			CATION — City or T	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEF			D ADDRESS OF FAC		mrock, T	exas
· Harry b	1. Witzhe		HARRY	H. WITZ	KE FUNERA	L HOME	City,Md.21
IMMEDIATE CAUSE (Final	List only one cause on ea	ach line.		, 3,		into y dillout;	Approximate
disease or condition resulting in death)	\$	CONSEQUENCE OF		مبر	Dios	ne.	Interval Between
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Silver sering

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SHALLIM OF ROUND.

mails of allien

Gernia L. Invilaid, Jr. 19 toulier from Mil., Grennedon, Court, David, J. Sinval

Shauroca Camerery 2/7/92 Surgeon, Tenda

LIGHT H. HTTERS EMPRESS, NO.

File old Colombia Wike, Clitcong over, Nd. 21043

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the houping TO THE FUNEPAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

il-transit permit. Pages 1, 2, 3 should

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	NEGISTRAN		CENTIL	CALE	UF DEA	l II	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		Mulaa			2.	DATE OF DEATH DA	IV.	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER	1 24 HRS. 7.	DATE OF BIRTH	3	92 8, BIRTH	PLACE (State or Foreign
	218-03-5841	1 🔀 🗐 2 🗆 F	79 yrs.	MONTHS D	AYS HOURS	MIN. 3	Month. Day 1940 -8-1912		Mary	land
~	90. FACILITY NAME (If not institution, give		400 A. T.	9b. CITY, TO	WN OR LOCATI				NTY OF DE	
Š	RESIDENCE OF DECEDENT	KYLHNU I	MOSPITAL		CLI.	N 701	<u> </u>	PK.	MCL	E GEORGES
DIRECTOR	Maryland 106. COUNT Ch	arles	10c. C	ryanto	OCATION WI					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	P. O. Box 742				10f. ZIP COD	0617		10g. CIT	US	HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? XX IF YES, GIVE WAR	YES 2 NO	If y	DECENOENT OF STREET	n, Mexican, P	ORIGIN? (Specify Year vuerto Rican, etc.)	or No-	Specif	- American Indian, White, etc. y: iite
	15. DECEDENT'S EDI (Specify only highest grad		16a. OECEDENT'S	work done duri	PATION - ng most of workli	ng	16b. KIND OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	0wne	use retired.)		8	Retail	Gene	eral	Store
BE CON	17. FATHER'S NAME (First, Middle, Last) John Francis Mu	ıdd			18. MOT	HER'S NAME Ameli	(First, Middle, Maiden .a Rebecc	sumame) a Tuli	rner	
10 8	19a. INFORMANT'S NAME (Type/Print) Michael T. Mudd		196. MAILIN	O. BOX	742,	or Aural Aout Bryant	OWN, MD	2061	Code)	
	20e. METHOD OF DISPOSITION 1 □ Burlal 2X□ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	noval from State	20b. PLACE AND DATE Cometery, cremetery, cremetery CT	of DISPOSITION CONTROL PROPERTY PROPERT	N (Name of	1			City or Tov	
	21. SIGNATURE OF FUNERAL SERVICE I	The state of	00857	HUD	TE AND ADDRE	eral H	lome Waldorf,	Md.	2060	14-0156
HIIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OF	R AS A CONSEQUENCE OF AS A	OF):	e mode of dy	ing, such a	s cardiac or respi	ratory are	rest,	Approximata interval Between Onset and Daath
CERI	resulting in death) LAST	d								
: MEDICAL	PART II. Other algorificant condition CVA WN(Diameter	na contributing to de	eth but not resulting	In the unde			24a, WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				86. PLACE OF D	EATH (Check of	only one)			
2	1 TYES 2 NO	HOSFITAL:	R/Outpatient 3 🗆 DOA	OTHER:	Home 5 🗆 Re	sidence 6	Other (Specify)			
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF IN. (Month, Day,	Year) IN	JURY M 1	WORK?		d. OEŞCRIBE HOW II	JURY OC	CURED	
- 11	3 Suicide 8 Could not be 4 Homicide datermined	26e, PLACE OF III building, etc.	NĴŪRY At home, term, . (Specify)	atreet, factory,	office	28	f. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	oute Number,
COMPLEIED		ER: On the best of my								end manner as steled,
D BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Munt	und o	_	29c, LICI	NSE NUMBER	45	29d. DAT	E SIGNED	(Month, Day, Year)
	78010101	DO COMPLETED CAUSE	OF DEATH (ITEM 27) (TYP)	o, Print) U	mto	- n	2220	73	5	
	FEB 06 92	32 RIGISTRAH	SIGNATURE RANGO	2.						

A.

BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may a retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, pages 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may exterined by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	EALTH AND	MENTAL	HYGIENE REG. NO.		. 0104
1. DECEDENT'S NAME (First, Middle, Last)	1				OF DEATH		3. TIME OF DEATH
Anne	E.	Mulliki	n		MONTH 2	6 DAY	1992	1:12A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	DF BIRTH , Day, Year)	8. BIFT	THPLACE (State or Foreign
217-30-8273	1 M 2 AF 56	YRS.	MONTHS DAYS	HOURS MIN.		10-35		diana
De. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY OF	
Memorial Host			East			<u></u>	albot	
0e. STATE 10b. COUN		10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
aryland Tall	oot	Eas	ton					1 YES 2 X NO
10151 Three Brid	ige Branch Roa	ıd	10	21601			USA	WHAT COUNTRY?
. MARITAL STATUS	12. WAS DECEDENT EVER IN	II S ARMED		ENDENT OF HISPA			r No — 14. RA	DE — American Indian,
□ Never Merried 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FORCES? 1 YES	TES X X	If yes, sp	ecity Cuban, Mexic 2 TNO Speci		lican, etc.)	1.147	ck, White, atc. White
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S U	ork done during mo	ON ast of working	16b.	KIND OF BUSIN	IESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Housewi						
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, N	liddle, Maiden Su	rneme)	
Charles O. Embry	1			Genevie	eve Ho	orton		
. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural			State, Zip Gode)	
enneth E. Mullil	kin	10151	Three B	ridge Br	anch	Rd., E	aston.	MD 21601
Buriet 2 Cremation 3 Re Onnation 6 Other (Specify)	moval from State ceme	PLACE AND DATE OF	F DISPOSITION (No	ime of	OATE	20c. LOCA	n, Mar	Town, State
SIGNATURE OF FUNERAL SERVICE L		odlawn M		Park D ADORESS OF FA	2-8	Lasto	n, Mar)	ranu
+ JOHN R	. MERCER		Newn	am Funer S. Harri	al Ho		ston A	4D
AMEDIATE CAUSE (Final isease or condition soulting in death)		CONSEQUENCE OF						Onset and Da
equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated eventa switting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
ART II. Other algnificant condition			the underlyin	g cause given in	Part i.	24a. WAS AN AL PERFORM 1 VES 2	EO?	b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
MYOTER	SIC DYSTR	opty.			_			1 YES 2 NO
. WAS CASE REFERRED TO MEDICAL								
EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C				
1 TYES 2 NO	1 Inpetient 2 ER/Outpe			e 5 🗆 Rasidence			_	
1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WC	URY AT RK? (ES 2 NO	28d. DE\$	CRIBE HOW INJ	URY OCCURED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	At home, ferm, str	reet, factory, offic		261. LOCA City o	TION (Street end r Town, Stete)	Number or Aurai	Route Number,
	SICIAN: To the best of my knowle							(e) and manner se states
b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NU				D (Month, Day, Year)
C.M	J. Rain H. J)-		3002			2	6/97-
NAME AND ADDRESS OF PERSON W		TH (ITEM 27) (Type, F	Print)		_	77 7	-1/0/	-110
DATE EN CO MAL DE MAIN				17316	A []	WI 2	1001	
FEB 19	32. REGISTRAR'S SIGNA Graha Davie	son-phydal	6					

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thin	etely	emal	nt,
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be instanted by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 amount the day	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at an
-	_	40	_

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	ENT OF H	EALTH AND M	ENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) Anna Louise	Meluney				2. DATE OF DEATH		3. TIME OF DEATH 12:37 A M			
	4. SOCIAL SECURITY NUMBER 221-05-4956 9a. FACILITY NAME (if not institution, give str	5. SEX 1 M 2 X F 8. AGE (In yrs. last birthday) 1 F UNDER 1 YEAR IF UNDER 24 HRS. 1 MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DI				7. DATE OF BIRTH (Month, Day, Year) 7 28 19	8. 1	BIRTHPLACE (State or Foreign Country) Maryland			
CTOR	Kent and Queen Annes Hospital, Inc. Chestertown Kent										
DIRECTOR	Maryland Caro	line		calsbur		10d. INSIDE CITY LIMITS? 1 _ YES 2 (X) NO					
FUNERAL	100. STREET AND NUMBER Rt.2 Box 155A 11. MARITAL STATUS				ZIP CODE 21632	10g. CITIZEN OF WHAT COUNTRY? USA					
BY	11. MARITAL STATUS 1 Never Married 2 Married XX Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 N NO Specify: 14. RACE — America Black, White, atc. Specify: W							
LETED	15. DECEOENT'S EOUC (Specify only highest grade of Elamentery/Secondary (0-12)	ATION completed) College (1-4 or 5+)	18a. DECEDENT'S USL (Give kind of work life. Do NOT use re-	done during most tired.)	of working	16b. KIND OF BUS	SINESS/INDUST	RY			
COMPLET	10 17. FATHER'S NAME (First, Middle, Leat) Somuel No. Long. Conich	fe		E (First, Middle, Meiden	Surname)						
TO BE	Samuel Nolan Smith 19a. INFORMANT'S NAME (Type/Print) Marvin E. Smith		P.O. BOX	Golda Adams DDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ox 293, Farmington, DE 19942							
	20s. METHOD OF DISPOSITION 1					1	CATION — City				
	21. SIGNATURE OF FUNERAL SERVICE LICE		alisbury C	Newn	am Funera	al Home					
	23. PART I. Enter the diseases, or co ahock, Dr heart feilure. L IMMEDIATE CAUSE (Final	implications that cause	ed the death. Do not a each line.	anter tha mod	a of dying, such	as cardiac or respi	ratory arreat,	MD 21601 Approximata interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST BRINATOM CRUCIUM OF INCLUSION O										
AL	PART II. Other aignificant conditions	contributing to death	but not resulting in th	na underlying	cause givan in Pa	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPYTAL:		HER:	CE OF OEATH (Check						
ВУ РНУ	27. MANNEP OF DEATH Natural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF	28c. INJUI	5 Rasidence 8 RY AT K? S 2 NO	ed. OESCRIBE HOW IF	JURY OCCURE	0			
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJUR building, atc. (Sp.	tY — At home, farm, strant ecify)	, factory, office	2	8f. LOCATION (Street a City or Town, State)	nd Number or Ri	ural Route Number,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICI (Check only one) 2 MEDICAL EXAMINER.	AN: To the best of my kno On the basis of axeminati	wiedge, death occurred at on and/or investigation, in	the time, data a	nd place, and due to	the cause(a) and man	ner as stated. I due to the cau	use(a) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	· m			D 138	2 4	29d. DATE SIG	NED (Month, Day, Year)			
	John C. Seymour, 31. DATE FILED (Month, Day, Year)			")							
	INN - 7 100		1 10 00								

	1 - STATE REGISTRAR	STATE OF MAR			OF HEALTH AN	D MENT	AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Las	st)				2. DA	TE OF DEATN			3. TIME OF DEATN	
	Trippe	Pierson	Man	sfiel	d		MTH C		YEAR	12:20A	
	4. SOCIAL SECURITY NUMBER 212-03-5928		AGE (In yrs. last birthda	MONTHS		18. 7. DAT	TE OF BIRTH onth, Day, Year)			LACE (State or Foreign	
			73 YRS	MONTHS	DAYS HOURS MI		-26-18			yland	
~	9a. FACILITY NAME (If not institution, give			9b. CITY,	TOWN OR LOCATION O	F DEATN		9c. COUNT			
DIRECTOR	Memorial Hos	pital at E	Caston	E	Caston			Talb	ot		
EC	10a. STATE 10b. COU	NTY	10c. C	TY, TOWN O	R LOCATION					10d. INSIDE CITY	
E	Maryland Tal	bot	_	aston		LIMITS?					
	100. STREET AND NUMBER	.000		ascon	10f. ZIP CODE			I 100 CITIZE		1 X YES 2 NO	
ER/	422 Cherry Stre	et			21601			USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. W	AS DECENDENT OF HIS	SPANIC ORIG	SIN? (Specify Ye			- American Indian.	
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? IV Y	YES 2 NO	H.	yes, specify Cuban, Me ☐ YES 2 🏋 NO 🛠	xican, Puert	o Rican, etc.)		Black, Specify	White, etc.	
					X				Opeciny	White	
COMPLETED	15. DECEDENT'S El (Specify only highest gra	DUCATION ade completed)	18a. DECEDENT	of work done di	CUPATION uring most of working	-1	66. KIND OF BU	SINESS/INDUS	TRY		
) LE	Elementary/Secondery (0-12)	College (1-4 or 5+)		use retired.)					*		
OME	17. FATHER'S NAME (First, Middle, Last)		Delive	ry per			Suburb		pane	9	
ECC		C: -11					t, Middle, Malden	Sumerne)			
0	William E. Mans 19a. INFORMANT'S NAME (Type/Print)	Tield	195 MAII II	NG ADDRESS	Sara (Street end Number or Ru	h Pie	rson	0			
5	Christina M. Man	sfield			Street				ode)		
	20s. METHOD OF DISPOSITION		20b. PLACE AND DAT					CATION CIT		- 0	
	1 Buriel 2 X Cremetion 3 Re 4 Donation 5 Other (Specify)		cemetary, crematory of	other place)		1				*6.55.5	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Salisbury		AME AND ADDRESS OF		15 Sa	11sbur	y , r	AD	
	>)		wnam Fune					**	
		. MIERC		20	00 S. Harr	1son	St., E	aston,	MD	21601	
	23. PART I. Enter the diseeses, o ehock, or heart fellur	e. List only one ceuse o	on each line.	not enter t	the mode of dying,	such ea ce	erdiec or resp	Iratory arres	t, *	Approximeta interval Between	
	IMMEDIATE CAUSE (Fine)	2.	0 -		0					Onset and Death	
	resulting in deeth)	a. De mon	AS A CONSEQUENCE	nec	ar	cer	unu			your	
,	Versely of Manager and War										
ğ	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR /	AS A CONSEQUENCE	OF:	us ters					Incore !	
CERTIFICATION	cause. Enter UNDERLYING										
E	CAUSE (Disease or injury thet initiated events	DUE TO (OR /	AS A CONSEQUENCE	OF):							
E	resulting in death) LAST	d								-	
	PART II. Other eignificent conditi	ons contributing to deal	th but not moulting	In the une	larlying cause shop	In Part I					
CAL			Dat Not 1000kiin	g in the dire	lettying couse given	in Part I.	24a. WAS AN PERFO		1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ED							1 TYES 2	X NO		OMPLETION OF CAUSE OF DEATH?	
Σ									. 1	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	0.1	OTHER							
H	27. MANNER OF DEATN	1 Inpatient 2 ER/0			ng Nome 5 - Residen						
	1 Netural 5 Pending	(Month, Day, Yes		NJURY	WORK?	260.0	EŞCRIBE HOW I	NJURY OCCUP	ÆD		
) BY	2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE OF INJ	URY — Al home, farm	, street, fector		281, LC	CATION (Street	and Number or	Burni Bo	rda Alember	
H	4 Nomicide determined		Specify)			Ch	y or Town, State)	, , , , , , , , , , , , , , , , ,	71010171101	ore rearrison,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHY	YSICIAN: To the beat of my ki	nowledge death con-	end at the ti					-:		
M	(Check only one) 2 MEDICAL EXAMI	NER: On the basis of examin	ation and/or investigat	tion. In my op	Inion, death occured at	the lime de	ause(a) end mai	nor as stated.	a(a)		
	29b. WOMATURE AND TITLE OF CERTIF						te end place, an				
BE	11/9/12-3	1/2/1	Will		29c. LICENSE	NUMBER		29d. DATE S	IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF RERSON V	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (To	no Print	1 119'	17			1/1	4/92	
	P. Gregg Rhodes	, M.D., 503	Dutchman	's Lan	e. Easton	MD	21601				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S			,	,				4	
	JAN 1 6 199	32 Gulia Va	HIGHATURE PRINT	all to							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.					
- 3	1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
- 3	DONNA Iren	ie McGA	RVEY				8 19	92 11:36A	м			
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		B. BIRTHPLACE (State or Foreig				
	579-02-8366	1 🗌 M 2 💢 F	27 YRS.	MONTHS DAYS	HOURS MIN.	June 7, 19	964	Vashington.D.				
	9e. FACILITY HAME (If not institution, give a				OR LOCATION OF D	EATH	-	TY OF DEATH				
P	MALCOLM GROW M	EDICAL CEN	TER	CAN	IP SPRII	NGS	PRI	NCE GEORGE				
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	·	100.00	TY, TOWN OR LOCA	TION			Tour and a				
<u>E</u>	The state of the s	e Georges						10d, INSIDE CITY LIMITS? 1 YES 2 X NO				
5	10e. STREET AND NUMBER	e dediges	Caj	Capital Heights								
FUNERAL DIRECTOR	9508 Chestnut Pa	rk Street		20743				J.S.A.				
2	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	H U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Y	es or Ho-	14. RACE — American Indian, Black, White, etc.				
BY	1 Never Married 2XX Married 3 Widowed 4 Divorced	DATES	1 D YE	Specify: white								
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPAT work done during m	IOH net of working	16b. KIHD OF B	USINESS/IHOL	ISTRY	_			
91	Elementary/Secondary (0-12)	Ilfo. Do NOT u	rse retired.)	ost or working								
MP	12		sales	clerk		retail	store,	J.C. Penney	7			
8	17. FATHER'S HAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide						
BE	Lawrence Dittma	ın			Betty							
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To						
	Michael A. McGar							nts, MD. 2074	∔3			
	1 Donation 5 Other (Specify)	oval fram State cen	D. PLACE AHD DATE netery, cremetory or c SUTTECTS	other place)			ocation — c .inton.	ity or Town, State				
Н	21. SIGNAZURE OF FUNERAL SERVICE LIC	apisen.	Julia		ND ADDRESS OF FA				_			
	French !	A Trulas	11	Rober	t E. Will	helm Inc	4308 5	Suitland Rd. and, MD. 2074				
	23. PART I. Enter the diseases, or o	complications that cause	d the desth. Do	not enter the m	ode of dving, suc	ch as cardiac or res	our CTS	st, Approximate	10			
	shock, or heart fallure.	List only one cause on e	ach line.	01	har d	/ /	,	Interval Betw				
- 1	IMMEDIATE CAUSE (Final disease or condition	1 1 //	monary	16-1	moon of	a Solie	m.	Onset and Do	sath			
- 1	resulting in death) B. J. Due TO (OR AS A CONSEQUENCE OF):											
2		Right vent	0 /		nrombi		' .					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A COHSEQUENCE OF):											
3	The state of the s	Myocarditi	s (possi	ble rig	ht ventr:	icular dvs	plasia	15				
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):			-					
H	resulting in death) LAST	d										
	PART II. Other significant condition	s contributing to death t	out not resulting	In the underlyin	g cause given in	Part i. 24e. WAS A	M AL/TOREY	24b. WERE AUTOPSY FINDI				
DICAL				m the dilectifu	g cadae gireti iii		RMED?	AVAILABLE PRIOR TO COMPLETION DE CAUS				
						— XX X YES	2 🗍 NO	OF DEATH?	HE.			
Σ								X X□ YES 2 □ NO				
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			00.0	LAGE OF BEATH ON							
200	EXAMIHER? 1, Jyes 2 HO	HOSPITAL:	intin a Daga	OTHER:	LACE OF DEATH (Ch							
¥∥	27, MAHHER OF DEATH	1 ☐ Inpatient → ☐ ER/Outp	28b. TIM		JURY AT	a ☐ Other (Specify)						
=	1 Setural 5 Pending	(Month, Day, Year)	IN.		ORK?	28d. DESCRIBE HOW	INJUNY OCCL	IRED				
B	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJURY	- At home form			ned I OCATION (Or		0.10.10.1				
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Spec	offy)	ottoot, inclory, offit	•	28f. LOCATION (Street City or Town, State		r Hural Houte Number,				
9 1	29e. CERTIFIER											
₽ B		CIAN: To the best of my know										
8		A	it and/or investigatio	ят, ит ту ориноп, с	seath occured at the	time, data and place, a	nd due to the	cause(a) end manner ee state	4.			
8	290 SHORONGUPE AND TITLE OF CERTIFIED	us			29c. LICENSE NUI		2	SIGNED (Month, Day, Year)				
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED COURT OF THE	****		OCM	Б	№ 1	29 1992				
+	-1 de 11 7 /	COMPLETED CAUSE OF DE	ATH (TTEM 27) (Type			20012200 100V						
-	An. DATE FILED (Month, Day, Year)	32. RECHETPANIE CON	1 PENN	STREE	BALT	IMORE, MA	RYLAN	D 21201				
	JAN 3 0 199	2 32. REGISTRAR'S SIGN	dson-Rand	ell								
	JAN 00 1001	- 4										

detached for use as the burial-transit permit. Pages 1, 2, 3 should the hospital or attending physician.

once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must in

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1		FOR STATE REGISTRAR
	_	

use as the burial-transit permit. Pages 1, 2, 3 should

attending physician. 21215-0020

BALTIMORE, MARYCAND

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFICATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT		3. TIME OF DEATH		
	RUBY F	R- MA	RTIN			MONTH	25 '9	7 11:57 PM		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birtho	(ay) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	4	BIRTHPLACE (State or Foreign		
	234-10-7249	1 M 2 XXF	81 YR	S. MONTHS DAYS	HOURS MIN.	Feb. 23	1910 W	est Virginia		
	9a. FACILITY NAME (# not institution, give :	street and number)		96, CITY, TOWN	OR LOCATION OF			Y OF DEATH		
E	ST. MARY'S	HOSPIT	-11		HRDT		100	,		
5	RESIDENCE OF DECEDENT	7/03/1/	77.	ZEOIV	TRUI	curv	ST	MAKIS		
E	10a. STATE 10b. COUNT		100	CITY, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?		
ā		e Georges	D:	istrict H	strict Heights			1 TES 2 NO		
A	10s. STREET AND NUMBER	4.11		1	Of. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
FUNERAL DIRECTOR	6116 Atwood Stre	eet			20747		U.	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DE	CENDENT OF HISP	ANIC ORIGIN? (Specif	y Yes or No- 1	4. RACE — American Indian, Black, White, etc.		
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	YES 2 NO		pecify Cuben, Maxis S 2 🔯 NO Spec	can, Puerto Rican, etc	2.)	Canalha		
	3 💢 middwed 4 🗌 Divorced							white		
世	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDEN	T'S USUAL OCCUPAT	ION lost of working	16b, KIND O	BUSINESS/INDU	STRY		
W	Elementary/Secondary (0-12)	College (1-4 or 5+)	1000000	d of work done during n OT use retired.)		8.0				
P	12		clerl	K		Ameri	can Exp	ress Co.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, Mi				
BE	(unobtainable)	Gamb1				e Custer				
2	19a. INFORMANT'S NAME (Type/Print)			LING ADDRESS (Street						
	Shelby Fredenberg	ger	58 (Greenleaf	Terr. S	tafford,	VA. 225	54		
	20a. METHOD OF DISPOSITION 1\(\tilde{\tiilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tii	noval from State		TE OF DISPOSITION (F		DATE 20	c. LOCATION — CH	ty or Town, Stata		
	4 Donation 6 Other (Specify)		Epiphany	"Cemetery		1/30/92 H	Porestvi	11e, MD.		
	21- DIGNATURE OF FUNERAL SERVICE U	CENTEE		22. NAME /	ND ADDRESS OF F	FACILITY	/308 C	uitland Rd.		
	Duna A	Melba	el	Rober	F E Wil	helm Inc	4500 B	nd, MD.20746		
	23. PART I. Enter the diseases, or	complications that	coursed the death. F	o not enter the m	ode of dving, au	ich an cardiac or i	SULLIA	it, Approximate		
	shock, or geart fellure.	List only one caus	e on aech line.			*	oupliants y united	Interval Between		
	iMMEDIATE CAUSE (Final disease or condition	C	-	1 11-	7	F-0.1.	10	Onset and Death		
	disease or condition resulting in death) a. Conference of:									
-										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEQUENCE	E OF):						
N N	ceuse. Enter UNDERLYING									
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO (C	OR AS A CONSEQUENC	E OF):						
F	resulting in death) LAST	d								
	DARY II Oak and a later a second									
EDICAL	PART II. Other significent condition	na contributing to d	leath but not resulting	ng in the underlyli	ng cause given in		S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
ă						1 _ YE	S 2 NO	COMPLETION OF CAUSE OF DEATH?		
Σ								1 TES 2 NO		
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? \ \ \'	HOSPITAL:			LACE OF DEATH (C	Check only one)				
YSI	1 TYES 2 NO		ER/Outpatient 3 DO	OTHER:	ne 5 🗆 Rasidence	6 Other (Specify,				
표	27. MANNER OF DEATH	26a. DATE OF IP (Month, Day,			JURY AT ORK?	28d. DESCRIBE H	OW INJURY OCCU	RED		
B∀	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
	3 Sulcide 6 Could not be	28e. PLACE OF building, et	INJURY — At home, far	m, street, factory, offi	ca	201. LOCATION (SI City or Town, S	reet and Number or	Rural Route Number,		
COMPLETED	4 Homicide determined					ony or rown,	nate/			
2	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	y knowledge, death occ	curred at the time, dat	and place, and du	is to the cause(s) and	manner as stated			
<u> </u>								cause(a) and manner as stated.		
	296. SIGNATURE AND TITLE OF CENTRE				29c. LICENSE NO					
BE	hmill	- Anon	m				29d. DATE S	SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	-7	11.7		14 /	0)	/	4/14		
		O COMPLETED CAUSE	OF DEATH (ITEM 27) /	Type: Print)						
	Gsm 1	R	110	Mype, Print)	CON	red Ti	ow N	, MD.		
	31. DATE FILED (Month, Day, Year) 190	. Bo,	110		EON	285 red To	dun	, MD.		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be removed TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 medical be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not medical. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	MONTHS DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	CE (State or Foreign
100	423-30-3613	1 🗆 M 2 💢 F	□ M 2 X F 92 YRS.					Jan. 22,		Geor	
_	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH					NTY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT	4/AND	1105	PITAL	Chi	NIDA	()		1 1	PINICE GEORGE	
EC	10s. STATE 10b. COUN	TY		10c. CIT	CITY, TOWN OR LOCATION 10d. INSIDE					INSIDE CITY	
DIR	Mississippi Hi	nds			Clinton					1 [LIMITS?
- 10	100. STREET AND NUMBER				10f. ZIP CODE					ZEN OF WHAT	COUNTRY?
ER	203 Mcraven	Street			39056					U.S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	I YES 2	. ⊠NO	If yes,		n, Maxica	IIC ORIGIN? (Specify Y n, Puerto Rican, etc.)	es or No—	14. RACE — A Black, WI Specify: Caucas	
COMPLETED	15. DECEDENT'S Et (Specify only highest gra	de completed)		(Give kind of	NT'S USUAL OCCUPATION of work done during most of working OT use retried, J						
PLE	Elementary/Secondary (0-12) 7th	College (1-4 or 6 N/A	+)	Homen							
O	17. FATHER'S NAME (First, Middle, Last)	24/22			- Unit and the	18, MOTI	HER'S NA	ME (First, Middle, Maide			
ш	John J. Rackl	.ev					Elle	er Holling	swort	:h	
8	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street			Route Number, City or To			
2	Johnnie L. McC	Clellan		8401	Thorn	erry	Dr V	Vest Uppe	er Mar	lboro	Md 207
	20e METHOD OF DISPOSITION 1/ Duriel 2 Cremetion 3 Re	moval from State	20b. Pl	ACE AND DAT	E OF DISPOSITION	N (Name				City or Town,	
	4 Donation 5 Other (Specify)		_ Lake	ewood N	or other place) Memoria			31 92 Jac			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc.										
	Shannon W. Jamines 6633 Old Alexander Ferry Rd Clinton, Md 2										
	23. PART i. Enter the diseases, o shock, or heart felium				not enter the	node of dy	ing, suc	h ss cardiec or rea	piratory sr	rest,	Approximate
CATION	Sequentielly list conditione, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	- S	elzu	ONSEQUENCE OF) IS wa	les Dem	-ent	ria			Months Years
CERTIFICATION	that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEDUENCE OF): d. Atr. a.l. fiblat.o.										
EDICAL	PART II. Other significent condition Duoden	_	reding	-	-	> nene	AN AUTOPSY ORMED?	CO OF	RE AUTOPSY FINDING IILABLE PRIOR TO MPLETION DF CAUSE DEATH?		
Σ	Hopping	10101300	7 7	ه رسر رو	N. CA	-		-		11	YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL	ension			26	PLACE OF D	DEATH (Ch	eck only one)			
STREET STREET	26. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
SICI	1 TYES 2 NO	1 Inpatient 2	DA 4 Nursing Home 5 Residence 6 Other (Specify)								
PHYSI	27. MANNER OF DEATH 1 Natural 6 Pending	26a. DATE O (Month,			ME OF 28c.	NJURY AT WORK?			V INJURY OC	CURED	
BY PHYSI	27. MANNER OF DEATH 1 Natural 6 Pending	26a. DATE O (Month,	F INJURY Day, Year)	28b. Till IN	ME OF 28c.	NJURY AT WORK? YES 2 [at and Numbe		» Number,
BY PHYSI	27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not a detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PH	28e. DATE O (Month, 28e. PLACE building	OF INJURY OF INJURY a, etc. (Specify) of my knowledge	At home, farm,	ME OF JURY M 1 [street, factory, o	NJURY AT WORK? YES 2 [Hitce	NO	28d. DESCRIBE HOV 28t. LOCATION (Street	ot and Number to)	or or Rural Route	
BE COMPLETED BY PHYSI	27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not a detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	28e. DATE O (Month, 28e. PLACE building YSICIAN: To the best of	OF INJURY Day, Year) OF INJURY , etc. (Specify) of my knowled; examination as	At home, farm, ge, seeth occur nd/er investigati	ME OF JURY M 1 [street, factory, o	NJURY AT WORK? YES 2 [Hice ata and place o, death occur	NO	28d. DESCRIBE HOV 28t. LOCATION (Street City or Fown, State) to the cause(s) and not time, data and place,	nt and Number to) nanner as sta and dus to t	or or Rural Route	d menner as stated
COMPLETED BY PHYSI	27. MANNER OF DEATH 1 Netural 6 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not a detarmined 29a. CERTIFIER 1 CERTIFYING PH (Check only one) 2 MEDICAL EXAM 29a. BIGNATURE AND TITLE OF CERTIFYING PH 30. NAME AND ADDRESS OF PERSON 31. DATE BILED (Month Day Year)	28e. DATE Of (Month). 28e. PLACE building YSICIAN: To the best of INER: On the basis of WHO COMPLETED CA	OF INJURY Day, Year) OF INJURY	At home, farm, ge, seeth occur nd/er investigati	AE OF JURY M 1 [street, factory, or red at the time, on, in my opinion A, D, e, Print)	NJURY AT WORK? YES 2 [Hice ata and place o, death occur	NO a, and due ered at the	28d. DESCRIBE HOV 28t. LOCATION (Street City or Town, State to the cause(a) and restriction, data and place, MBER	nanner as sta and dus to t	ried. TE SIGNED (MC	d menner as stated

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
Frances Grace McClellan 2. DATE OF DEATH DAY

2. DATE OF DEATH

27

TO BE COMPLETED BY FUNERAL DIRECTOR

Drow attending physician.

V use the burial-transit permit, Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by what TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be draw filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at sme

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
RAR	CERTIFICATE OF DEATH	REG. NO.

		LAND / DEPART	CATE OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle,					2. DATE OF DEATH	YEAR	3. TIME OF DEATH	
	yn Matthews				January 21		9:30PM	
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign	
465-82-115		45 YRS.	ONTHS DAYS	HOURS MIN.	12-10-46		uisiana	
Se. FACILITY NAME (If not institution,			b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF		
4501 Bisho	Mill Circl	e	Upper	Marlb	oro	Prin	ce George	
RESIDENCE OF DECEDEN								
		1100	TOWN OR LOCAT	701			10d. INSIDE CITY LIMITS?	
	rince George	's Up		arlboro			1 YES 2 1 NO	
10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
	o Mill Circl			2077	2	US	A	
11. MARITAL STATUS	12. WAS DECEDENT EVER (FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	No- 14. RAC	E — American Indian, ck, White, etc.	
1 ☐ Never Married 2 ☑ ※ Merried 3 ☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR D			2 NO Specify		Spec		
							Black	
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEDENT'S US (Give kind of wor	k done during mos	N at of working	16b. KIND OF BUSIN	ESS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)	Control of the Contro				
12	2	Sec	retary		H.V	D.		
17. FATHER'S NAME (First, Middle, Las					ME (First, Middle, Maiden Su			
Walter Malv	eaux			Orel	ia Thier	Cy		
19s. INFORMANT'S NAME (Type/Print)		196. MAILINO AI	DORESS (Street at	nd Number or Rural I	Toute Number, City or Town,			
Alexander M	latthews		Same a	s 10a.	-10f			
20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF				TION — City or To	own. State	
1 Donation 5 ☐ Other (Specify)	Removal from State	metery, crematory or othe	r place)					
21. SIGNATURE OF FUNERAL PERVIC	E LICENSEE	rar thew t	22. NAME AN	D ADDRESS OF FA	Pa Fundamental Participation P	mpilii,	lome Tra	
11///	101/		6633	Old Ale	exander Fe	erar P	nome, Inc.	
MUNT K	Main		Clint	on, Md.	20735	TTY M	Jau	
Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other algoriticent cond	d							
TANK III S. III WANTE CONTO	itional contributing to deeth t	out not resulting in	the underlying	cause given in	Part I. 24a. WAS AN AU PERFORME 1 YES 2	D?	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC. EXAMINER?				ACE OF DEATH (Che	ock only one)			
1 TES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Out	petient 3 DOA 4	THER: Numbing Home	5 Residence	5 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (Y WOI	IRY AT RK? ES 2 NO	28d. DEȘCRIBE HOW INJ	URY OCCURED		
3 Suicide a Could no determine	t be 28s. PLACE OF INJURY	Y — At home, farm, atre	net, factory, office					
		wledge, death occurred	et the time, dets			r as stated.		
	HYSICIAN: To the best of my know MINER: On the bests of examination			ath occured at the	time, date and place, and c		s) and manner se stated.	
(Check only one) 2 MEDICAL EXA	MINER: On the beels of examination	on and/or investigation,	In my opinion, de	29c. LICENSE NUM D 1821	IBER 2	lue to the cause(e) and manner se stated. O (Mapth, Day, Year) 2 / 9 2	
(Check only one) 2 MEDICAL EXA	MINER: On the beels of examination	on and/or investigation,	In my opinion, de	29c. LICENSE NUM	IBER 2	lue to the cause(
(Check only one) 2 MEDICAL EXA 29b. SIGNATURE AND TITLE OF CERT 30. NAME AND ADDRESS OF PERSON	MINER: On the beels of examination	on and/or investigation, W.C. EATH (ITEM 27) (Type, Pr	In my opinion, de	29c. LICENSE NUM	IBER 2	lue to the cause(

MARYLAND 21203-3146

BALTIMORE

N	×	itio	#
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, crematio	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, th
rted	9	rial,	8
xect	and	pg o	nati
be	cian	or to	Janu
cate	mysi	e po	ar tr
ertific	d bu	gien	othe
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE (OF MARYLAND) / DEPAF	RTMENT OF	HEALTH	AND N	MENTAL HYGIEN	E	2 04331		
	1. DECEOENT'S NAME (First, Middle, Last)	nuder					2. DATE OF DEATH DATE OF THE D	199	3. TIME OF DEATH 2 12 45m m		
	4. SOCIAL SECURITY NUMBER 1 SEX ()	6. AGE (In yrs	lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	3	BIRTHPLACE (State or Foreign		
В		So. FACILITY NAME (IT not institution, give street and number) 9211 Streat So. CITY, TOWN OR LOCATION OF DEATH Prince Leorges									
E	RESIDENCE OF DECEDENT	COMPANIENT COMM						HIIIICE	4		
DIRECTOR	D. C. 10b. COUNTY N/A			v, town on Loc Vashingt					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	3112 Warder Street, No	ortheast	e.	, 1	of. ZIP COOL	E 20010		10g. CITIZEN	OF WHAT COUNTRY? USA		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EYER IN U.S., FORCES? 1 YES 2 2 IF YES, GIVE WAR OR DATES			If yes, s		n, Mexicar	IC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	or No.— 14.	RACE — American Indien, Black, White, etc. Specify: Black		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a	. DECEDENT'S	USUAL OCCUPAT	ION	na	16b. KIND OF BU	SINESS/INDUST	TRY		
COMPLET	Elementary/Secondary (0-12) College (1-4	or 5+)		work done during nose retired.)	out or works	.9	Priva	ate			
S S	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Malden				
BE (Benjamin Magruder				_		a Ann Ken				
2	190. INFORMANT'S NAME (Typo/Print) Maurice Magruder						E. Washin				
		20b. PL	ACE OF DISPO					CATION - City			
20s. METHOD OF DISPOSITION 1								Maryland			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lawrence W. Plunkett Funeral Home 7504 - 78th Street, N. 20018									lome		
23. PART Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.									Approximate Interval Between Onset and Death		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	UE TO (OR AS A COL									
MEDICAL	PART II. Other significent conditions contribute	ng to death but n	ot resulting	In the underly	ng ceuse	given in	Part I. 24a, WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF C	DEATH (Ch	eck only one)				
SICIAN:	EXAMINER? HOSPITA	L: nt 2 DER/Outpetier	nt 3 🗆 DOA	OTHER:			6 Other (Specify)				
РНҮ	27. MANNER OF DEATH 260. D.	TE OF INJURY onth, Day, Year)	28b. Til	ME OF 26c. I	JURY AT		28d. DESCRIBE HOW	INJURY OCCUP	DED		
BY F	1 Natural 5 Pending 2 Accident Investigation				YES 2 [] NO					
ED	3 Suicide 6 Could not be 4 Homtoide determined	ACE OF INJURY — I Ilding, etc. (Specify)	At home, farm,	street, factory, of	lce		261. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFY DEPRYSICIAN: To the per control of the per cont										
BE	29b. SIGNATURE AND TITLE OF CENTIFIER				29c. UC	20	P91	29d. DATE \$	(Mount, Day, Year)		
10	30. NAME AND ADDRESS OF BERSON WHO COMPLETE	o CAUSE OF DEATH	(ITEM 27) (Typ	PELLE	(4)	RD	Hyai	Trick	no 20142		
	JAN 29 1992 32. RE	Julia David	son-Ran				1 , , , , ,				

DHMH-16 Rev 1/89

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.		y		ŝ
TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deat		r this certificate has been signed by the attending physician and completely filled in by the funeral direction	h with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	and the second party and the s
TO THE FUNERAL DIRECTOR: After this of be filed within 72 hours after death with		ertificat	the Sta	- 14
TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death		this c	with	
TO THE FUNERAL DIRECTOR. be filed within 72 hours after	1	After	death	
TO THE FUNERAL be filed within 72 t	200	DIRECTOR	nours after	
De fied	100	FUNERAL (within 72 h	
	2	TO THE	be filed	-

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

•	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			ENTAL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle Last)					2. DATE OF DEATH	NY YE	3. TIME OF DEATH		
1	John Raym	ond	Meagh	rer		/ 2	0 %			
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. E	SIRTHPLACE (State or Foreign Country)		
	139 03 4558	× M 2 □ F 8		JATS DATS		Oct. 31.	1903 N	ew York		
	9s. FACILITY NAME (If not institution, give street		9	b. CITY, TOWN O	R LOCATION OF DEAT	гн	9c. COUNTY	OF DEATH		
DIRECTOR	Crofton Convalesce	nt Center		Crof	ton		Anne .	Arundel		
ទួ	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY		
8	Maryland Prince	Georges	Boy	vie				LIMITS?		
	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	12607 Beechfern Lan	ne			20715		Unite	d States		
ا ج		. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPANIC	ORIGIN? (Specify Yes Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc.		
BY	1 Never Married 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES		No		Specify: White		
	15. DECEDENT'S EDUCATION	ON I	16a. DECEDENT'S US	I BLIAL OCCUPATION	N	16b, KIND OF BUS				
COMPLETED	(Specify only highest grade com			k done during mos		2220022	2-14-17			
립	Editionally (or in)	2		E	ngineer	Radio a	and TV			
O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden	Surname)			
BEC	James Patrick Mea	igher			Mary Fi	cances Rya	an			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural Ro	ute Number, City or Tow	n, State, Zip Coc	de)		
٩	John C. Meagher		1482	2 Peppe	rtree Dri	ive Bowie	Maryla	ind 20721		
ı	20a. METHOD OF DISPOSITION 1 ☐ Burlai 2 ※ Cremation 3 ☐ Removal	I from State	PLACE OF DISPOSIT				CATION — City			
	4 Donation 5 Other (Specify)		etropolit					a Virginia		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A.							Α.		
	rover E. C	James	Masi-					ryland 20715		
	23. PART i. Enter the diseases, or com ahock, or haert fellure. List			t antar tha mo	da of dying, auch	as cardiac or reap	Iratory arrest	, Approximate interval Between		
	IMMEDIATE CAUSE (Final									
	disease or condition resulting in death) a. (CS pic. for the air long) Due To (or As A consequence of):									
	DUE TO (OR AS A CONSPOUENCE OF):									
ON	Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):									
AT	If eny, leading to immediate cause. Enter UNDERLYING									
티	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST							,		
	PART II. Other aignificant conditions of	ontributing to death b	ut not resulting in	the undariving	a cause given in F	Part I. 24a. WAS AN	N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
3	PERF						RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ED						1 YES :	2 1300	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Σ						-		1 123 2 3 3 1 3 1 1 2 1 2 1 2 1 2 1 2 1		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
Sic		IOSPITAL:	etlent 3 DOA	OTHER: LE Nursing Hon	ne 5 🗆 Residence (Other (Specify)				
¥	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, IN.	JURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCUR	ED		
ВУ	1 Natural 5 Pending 2 Accident Investigation		1 112.50	M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not be	— At home, farm, sti city)	at home, farm, street, factory, office			26t, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
E										
COMPLETED	(Creek only	N: To the best of my know								
ő	2 MEDICAL EXAMINEH: On the besis of examination and/or investigation, in my opinion, death occurse at the time, data and piece, and due to the cause(a) and manner as stated.									
BE (29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
10	Moder Depl	700	42	D-f-at	LU39	403	1//	20182		
	30. NAME AND ADDRESS OF PERSON WHO C)	/2		An	7.03	2/5			
	31. DATE FILED (Morith, Day, Mear).			w/e	1110	200	101			
	JAN 28 1992	32. RIGISTRAPIE SIGN	son-Handell	-						
- 4		1 1/								

s the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

	Ħ
	notified
	pe
	must
	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
its after death with the State Dept. of Health and Memai Hyglene phor to burial, cremation. or removal,	nedical
JH.	16 7
reman	nt, th
E C	2
DOUL	Jatic
0,0	une
8	r tr
Hygiene	r othe
Mental	njury, o
20	I A
tearth	WS 3
0	sho
Jept.	23
State	Item
96	6
WITH	rked,
death	s ma
after	28 1
2	E

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEI	_	92 0455	
1. DECEDENT'S NAME (First, Middle, Last)	Hele	n Louise	McNal1	У	2. DATE OF DEATH MONTH Jan. 22	199 ^v	2 3. TIME OF DEATH 10:35 PM M	
224 18 7730	□ M 2 🔀 F	(In yrs. lest birthday) 72 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 26	8.	BIRTNPLACE (State or Foreign Country) Virginia	
Doctors Community RESIDENCE OF DECEDENT			96. CITY, TOWN	OR LOCATION OF DI	EATN		of DEATH Ce Georges	
10e. STATE 10b. COUNTY	Georges		y, TOWN OR LOC Bowie	ATION			10d. INSIDE CITY LIMITS? 1 XXYES 2 \(\sqrt{1}\) NO	
100. STREET AND NUMBER 6600 Highbridge Ro	oad		1	01. ZIP CODE 20720		1	ed States	
11. MARITAL STATUS 1 Never Married 2 🔀 Merried 3 Widowed 4 Divorced			It yes, t		NIC ORIGIN? (Specify Yorn, Puerto Rican, etc.)			
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	USUAL OCCUPAT work done during re te retired.)	nost of working	ivate	swess/woustry ivate Industry				
17. FATNER'S NAME (First, Middle, Lest) George W. Bryant 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Stree	Edna Ba	ME (First, Middle, Melde Arringer Route Number, City or To		ode)	
Jack S. McNally		6600	Highbr	idge Rd.	Bowie Mar	yland	20720	
20a. METHOD OF DISPOSITION 1	from State M	aryland \	Veteran	S Cemeter AND ADDRESS OF FA	у		enham Md.	
▶ Robert E.	Evans	Pres.	Bea1 1600	1-Evans H 0 Annapol	Tuneral Ho Lis Rd. Bo	wie Ma	rvland 20715	
23. PART I. Enter the diseases, or conshock, or heert failure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	t only one ceuse on e	ech iine.		carcino~		piretory arres	Approximate interval Between Onset and Death	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):					
PART II. Other algnificant conditions of	contributing to death	but not resulting i	In the underly	ng cause given in	PERF	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
					1 □ YES	2 XNO	OF DEATH?	
1 TYES 2 NO 1	IOSPITAL:	patient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C)				
27. MANNER OF OEATH 1 Natural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	M 1	NJURY AT VORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number.)				
3 Suicide 6 Could not be 4 Nomicide determined	building, etc. (Spe	icity)			City or Town, Stell		ruser rouse russues,	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:							i. cause(a) and manner as stated.	
29b. SIGNATURE AND TITLE OF CENTURE AND ADDRESS OF PERSON WHO CO		no		D35		29d. DATE 5	SIGNED (Month, Day, Year)	

Gollant Fox Lane #110

32. REGISTRAR'S, SIGNATURE
Gulia Davidson-Randall

Bowie MO

20715

14300

1992

31. DATE FILED (Month, Day, Year)

JAN 28

Peter

REGISTRAR			ICATE OF	HEALTH AN		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		Mary Lou	ise Mil	liken	2. DATE OF MONTH	DEATH DAY	92	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 246 38 0652 9a. FACILITY NAME (If not institution, give street and number) University of Maryland Hospital			MONTHS DAYS 9b. CITY, TOWN				BIRTHPLACE (State or Foreign Country)		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LOC	TION				10d, INSIDE CITY	
Maryland Prince	e Georges		Glenn Dale			LIMITS?			
10e. STREET AND NUMBER			101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?		
12208 Guinevere Road			20769			Un	United States		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 IN IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cuban, Maxican, Puerto Rican, atc.) NO NO NO				Yes or No- 14. RACE — American Indian, Black, White, atc. Specify: White		
(Specify only highest grade completed) (G Elementary/Secondary (0-12) College (1-4 or 5+)			Give kind of work done during most of working fer. Do NOT use retired.)				of Business/Industry If Employed		
17. FATHER'S NAME (First, Middle, Last) George H. Turnage			16. MOTHER'S NAME (First, Middle, Meide Mamie Cooley				en Surname)		
198. INFORMANT'S NAME (Type/Print) Ruth Conroy	135. White it is a notice of the state of th								
20e. METHOD OF DISPOSITION 1 X Burdel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. BEALL—Evans Funeral, Home, P.A.									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Last the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval Between Onset and De disease or condition. Approximate interval Between Onset and De disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PART II. Other algnificant conditions contributing to death but not resulting in the				PERI			AN AUTOPSY FORMED? 2 \(\text{NO} \) NO 24b. WERE AUTOF AMAILABLE P COMPLETION OF DEATH? 1 \(\text{VES} \) YES 2		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LACE OF DEATH	Check only one)							
1 O YES 2 NO	HOSPITAL:	OTHER: 4 Nursing Hon	HER: Nursing Home 5 Residence 6 Other (Specify)						
27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY W	RK?		BE HOW INJURY	W INJURY OCCURED		
2 Accident Investigation 3 Suicide 6 Could not be detarmined detarmined 26a. PLACE OF INJURY — Al home, building, atc. (Specify)			M 1 VES 2 NO			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
				29c. LICENSE NUM					
296. SIGNATURE AND TITLE OF CERTIFIER				29C, LICENSE N	OWOLA	29d.	DATE SIGNEO	(Month, Day, Year)	
	-	7) 365		29d.	DATE SIGNED	(Month, Day, Year)	

and area of talkfi

Takes mark! Norman was!"

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be immined by the housest or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described for use as the burish transit is be filed within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be nettilled at once.
ertificate be executed within 24 hours a	ng physician and completely filled in by giene prior to burial, cremation, or rem	other traumatic event, the medic
4N: The law requires that the death c	ificate has been signed by the attendi	r Item 23 shows any Injury, or
THE HOSPITAL OR ATTENDING PHYSICIA	THE FUNERAL DIRECTOR: After this cert filed within 72 hours after death with the	PORTANT: If item 28 is marked, o

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

25. WAS CASE REFERRED TO MEDICAL

5 Pending

8 Could not be determined

1X YES 2 □ NO 27. MANNER OF DEATH

2 Accident 3 Sulcide

4 Homicide

emit.

TO BE COMPLETED BY FUNERAL DIRECTO

		467								0.4	•	
FOR 1 - STATE REGISTRAR	92	-477-03					HEALTH AN	D MI	ENTAL HYGIEN	VE .	2 0	4555
1. DECEDENT'S NAME (First,	Middle, Last)			CENT	IFICATE	UF	DEATH	1	REG. NO).		3. TIME OF DEATH
DEVANTE	מידי	VELLE			мон	RGA	N	1	MONTH 2	Q 1	9 9 2	10:10 A
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (II	n yrs. last birthdi	ny) IF UNDER	1 YEAR	IF UNDER 24 HR	es. 7	7. DATE OF BIRTH			IPLACE (State or Foreign
N/A		1 M 2 □ F		YR	MONTHS	26	HOURS MIN	N.	(Morth, Day, Year)	1991	Countr	
9a. FACILITY NAME (If not in		•			9b. CITY	, TOWN	OR LOCATION OF	F DEAT	ГН	9c. CO	UNTY OF O	EATH
PATUXENT		R NAVAL	HOS	PITAL	PA	דעו זיו	NT RIVE	TP.		ST.	MARY	Z S
RESIDENCE OF DEC												
Maryland	St.	Mary's			exing							10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER							f. ZIP CODE			10e. Cl	TIZEN OF V	VHAT COUNTRY?
32-P Hills	Trail						20653				U.S.	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE	TEVER IN I YES	U.S. ARMED 2 NO TES		If yes, s	CENDENT OF HIS Decity Cuben, Me B 2 NO Sp	xicen,	ORIGIN? (Specify Ye Puerto Rican, etc.)	e or No—	Speci	— American Indian, k, White, etc. hy:
15. DEC	EDENT'S EDL	CATION completed)		16a, OECEDEN	T'S USUAL O				16b. KIND OF BU	JSINESS/IN		
Elementary/Secondary (0		College (1-4 or 5	+)	Ille. Do NO	T use retired.)	uuning m	ost or working					
0				N	/A				N/	/A		
17. FATHER'S NAME (First, M	iddle, Last)	Managan							(First, Middle, Meider	,		
190, INFORMANT'S NAME (7		Morgan	-	10h MAII	INC ADDRESS	2 (Street			or I			Barnes
Jennifer L.	Barn	es								,	,,	Md. 20653
20a. METHOD OF DISPOSITI 1 Striel 2 Crematic 4 Donation 5 Other	ION in 3 Rem (Specify)	noval from State	ceme	PLACE AND DA	TEOF DISPOS	ITION (N	ama of		DATE 20c. LO	OCATION -	- City or To	
21. SIGNATURE OF FUNERAL	el X	Gard	ener	ر	Ma P	NAME A atti	ngley-0	FRACIL Gard	m diner Fur Leonardto	neral	Home	
23. PART I. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fallure.	List only one ca	Le de	ch line.	o not enter	the mo	ode of dying, s	such e	Synd (piratory a	rrest,	Approximata Interval Between Onset and Death
Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initieted events reaulting in death) LAS	diate NG ry	b	(OR AS A	CONSEQUENCE	E OF):							
PART II. Other significe	nt condition	d	daath bu	it not resultin	ng in the un	derlyln	g couse given	in Pa	irt I. 24s. WAS AF	AUTOPSY	24b.	WERE AUTOPSY FINDINGS

HOSPITAL:
1 ☐ Inpetient 2 X ER/Outpetient 3 ☐ DOA

28s. DATE OF INJURY (Month, Day, Year)

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

COMPLETION OF CAUSE OF DEATH?

26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 6 Other (Specify)

28d. DESCRIBE HOW INJURY OCCURED

1 | YES 2 | NO

29e. CERTIFIER best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

26b. TIME OF

and/or investigation, in my opinion, deeth occured at the time, date and place, and due to the cause(e) and manner se stated.

28c. INJURY AT WORK?
1 YES 2 NO

29c. LICENSE NUMBER O.C.M.E

29d. DATE SIGNED (Month, Day, Year) 01 - 30 = 1992

NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 32. REGISTRAR'S SIGNATURE Julia Davidson-Randale '92

N. PENN ST. BALTIMORE, MARYLAND

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WILSON **ALEXANDER** MARSHALL DAY O 7 1992 0.2 8:30 p 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS 1 X M 2 - F 218-14-3348 76 1915 Nov. 17 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. MARYS 2,3 BISHOP RD. DIRECTOR Loveville RESIDENCE OF DECEDENT Pages '1, 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland St. Mary's Morganza 1 - YES 2 NO use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Box 56 Bishop Road 20660 U.S.A. nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 RACE → American Indien, Black, White, atc. 1 Never Merried 2 Merried It yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 TES 2 NO BY Specify: 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Į, Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached 8th Grade School Bus Contractor Public Schools once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 7 William BE Patrick Marshall Anna Marie Mason notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Alice M. Marshall Box 56. Morganza, Maryland 20660 9 20s. METHOD OF DISPOSITION
1 Strial 2 Cremation 3 Removat from State
4 Donetion 5 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must director. Joseph's Cemetery Morganza, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Michael Mattingley-Gardiner Funeral Home, P.A. X Tardiner in by the fu P.O. Box 270, Leonardtown, Maryland 20650 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. 0 interval Between filled IMMEDIATE CAUSE (Final Onset and Death the cremation disease or condition_ ARTERIOLOSCLEROTIC CARDIOVASCULAR DISEASE completely OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) bunial. CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to been signed by the attending physician of the and Mental Hygiene prior to shows any injury, or other traum If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 YES 2 INO After this certificate has bee death with the State Dept. o marked, or Item 23 sh PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 Nursing Home 5X Residence 8 (Other (Specify) 27. MANNER OF DEATH 28e, OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY м 1 YES 2 NO After death 2 Accident 28a. PLACE OF INJURY — At home, tarm, straet, factory, offica building, etc. (Specify) 3 Suicide 60 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be THE FUNERAL DIRECTOR: filed within 72 hours after 4 Homicide 28 determined Hem 29a. CERTIFIER

Chack ank 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) and menner as attend. HOSPITAL IMPORTANT: If 2 MECICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) Monald & Wright MD ▶ 02-09-1992 O.C.M.E 223 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) DONALD G WRIGHT, MD 111 N. PENN ST. BALTIMORE, MARYLAND 21201 DOME (20 32. REGISTRAR'S SIGNATURE PONDER

TO 2

1. DECEDENT'S NAME (First, Middle, Last) JAMES ARTH	IID MODT	ON				M	DATE OF DE	DAY	1.0	YEAR	3. TIME OF D	
4. SOCIAL SECURITY NUMBER	UR MORT	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 H	RS. 7. D	ATE OF BI		19	92 a. BIRT	14:3	
. 215-23-4314	1 X M 2 - F	3	YRS.	MONTHS DAYS	HOURS M		Month, Day, AN	7, 1	989	Coun	ARYLAND	
9a. FACILITY NAME (If not institution, give si				96. CITY, TOWN LEONA	OR LOCATION OF				ST.		RY'S	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100		Y, TOWN OR LOCA							10d. INSIDE (
MARYLAND ST.	MARY'S		M	ECHANICS	SVILLE				10+ CIT	ZEN OF	1 TYES 2	
3829 NEW MARKET	_TIIDNED	DUVD		"	20659					USA		* *
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED		CENDENT OF H						CE — American sck, While, etc.	ndlen,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V	YES 241	NO		pecify Cuben, M S 2 NO S		erto Rican,	etc.)			eck, while, etc. ecity: WHITE	
15, DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(0	ECEOENT'S Give kind of II. Do NOT u	USUAL OCCUPATI work done during m se retired.)	ON ost of working		16b. KIND	OF BUS	INESS/INC	DUSTRY		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	S NAME (F	irst, Middle,	Maiden S	Sumame)			
THOMAS PEAVEY					MITZI	E LE	E WII	LLIA	MS			
19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Street								
BELINDA L. WILLI	AMS			E. 16TH		- 1						909
20e METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rem	oval from State	of cemetary	cremator	y or other place) PEACE	N (Name	1	OATE				Town, State	
4 Donetion 5 Other (Specify)	1	_ QUEI	IN OF				-0	M P. L.	P.IV.	IVI (A IZ)	YLAND	
	Cow 1-	P		22. NAME A	BOX 150	F FACILITY	THE	HUNT	IT FL	JNER	RAL HOM	E, IN
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	NKENSHIF complications the List only ons ce	MOO85	7 aeth. Do e.	P.O.	BOX 150 oda of dying,	S WA	THE LDOR cardiac c	HUNT F, N	T FU	JNER LAND	RAL HOMI 20604	-015 cimate il Betwe
MICHAEL K. BLA 23. PART I. Enter the diseases, or shock, or heart fallure. IMMEDIATE CAUSE (Finel disease or condition	ANKENSHIF complications the List only one cel a. DUE TO b. DUE TO c.	MOO85	7 aeth. Do e. COUENCE C	P.O. not enter the m Multy Pr: A exc	BOX 150 oda of dying,	S WA	THE LDOR cardiac c	HUNT F, N	T FU	JNER LAND	RAL HOMI 20604	-015 cimste
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initietad evants	a. Head DUE TO DUE TO d. DUE TO d.	MOO85 at caused the dues on each line of or As A Conse	aeth. Do e.	P.O. not enter the m Multy Pr: A eec	BOX 150 ode of dying,	S WA such es	THE ALDOR cardiac c	HUNT F, N	AUTOPSY MED?	JNER AND rest,	RAL HOMI 20604	-015 climate il Betwee and De
23. PART I. Enter the diseases, or on shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initietad evants resulting in death) LAST	ANKENSHIF complications the List only one cet a. DUE TO b. DUE TO d. DUE TO d. HOSPITAL:	MOO85 at caused the dues on each line of or As A Conse	7 aeth. Do e. COUENCE C	P.O. not enter the m Multy Pr: A cere OF:	BOX 150 ode of dying, Language of the control of t	such es	THE ALDOR cardiac c	WAS AN PERFOR	AUTOPSY MED?	JNER AND rest,	AL HOMI 20604- Appro- Intervolution Onset AMALABLE PICOMPLETION OF DEATH?	-015 climate il Betwee and De- sy Finding ion To of Causi
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant conditions.	ANKENSHIF complications the List only one cei a. DUE TO b. DUE TO c. DUE TO d	MOO85 at caused the division and account of the country of the cou	7 aeth. Do e. COUENCE C COUENCE C resulting	22. NAME A P.O. not enter the m Multy OF): A cec OF): In the underlyin 26. F OTHER: 4 Nursing Ho ME OF JURY 3/ M 1	BOX 150 ode of dying, If the property of the	such es n in Part	THE ALDOR cardiac c	WAS AN PERFOR	AUTOPSY MED?	JNER_AND rest,	AL HOMI 20604- Appro Interve Onset Ab. WERE AUTOP ARAILABLE PI COMPLETION OF DEATHY 1 YES 2	-015 climate il Betwee and De- sy Finding ion To of Causi
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evants resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending	ANKENSHIF complications the List only one cet a. DUE TO b. DUE TO c. DUE TO d	MOO85 at caused the dues on sach line O (OR AS A CONSE O (OR AS	7 aeth. Do e. COUENCE C COUENCE C COUENCE C Teaulting	22. NAME A P.O. not enter the m Multip OF): A ccc OF): In the underlyin OTHER: 4 Nursing Ho ME OF JURY JURY Street, factory, off	BOX 150 ode of dying, If the property of the	n in Part	i. 24a. 1 Other (Spei	WAS AN . PERFOR YES 2	AUTOPSY MED?	JNER_AND rest,	AL HOMI 20604- Appro Interve Onset Ab. WERE AUTOP ARAILABLE PI COMPLETION OF DEATHY 1 YES 2	-015 climate il Betwee and De- sy Finding ion To of Causi
23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evants resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending investigation 3 Suicide 6 Could not be determined	ANKENSHIF complications the List only one cet a. DUE TO b. DUE TO c. DUE TO d	MOO85 at caused the dues on each line O (OR AS A CONSE O (OR AS	7 aeth. Do e. COUENCE C	22. NAME A P.O. not enter the m Multing OF): A ccc OF): 1 A ccc OF): 26. If JURY JURY JURY Street, factory, offt 3 4 4 5 2 6 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BOX 150 ode of dying, If the property of the	n in Part	i. 24a. 1 Other (Specific For Row City or	WAS AN . PERFOR . YES 2	AUTOPSY MED?	JNER_AND rest,	AL HOMI 20604- Appro Interv Onset AMALABLE PIO COMPLETION OF DEATH? 1 YES 2	cimste il Between Betw

JEFFERSON

32. REGISTRAR'S SIGNATURE AND LESS SIGNATURE PANDETS

BOYD M.D.

JAMES C.

STRE

20650

LEONARDTOWN, MARYLAND

29d. DATE SIONEO (Month, Day, Year) 02 05 1992

111 Penn Street, Baltimore Maryland

Approximats Interval Between Onaet and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

-	REGISTRAR	TATE OF MARYLAN	CERTIFICA			AL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)			TTT		TE OF DEATH	Y YEAR	3. TIME OF DEATN			
	Daniel Willa: 4. SOCIAL SECURITY NUMBER 5. S		inor ,	III	0.2	9 1	1992	2:52 P			
	216-11-7585 IX	M 2 □ F 20	s. lest birthday) IF U			TE OF BIRTH	6. Bill Co	RTNPLACE (State or Foreign unitry). IVID			
	9e. FACILITY NAME (If not institution, give street el	nd number)	9b.	CITY, TOWN OR LOC	ATION OF DEATN		9c. COUNTY O	F DEATN			
AL DIRECTOR	Shock Trauma Center Baltimore Baltimore										
	10e. STATE 10b. COUNTY		10c. CITY, TOY	VN OR LOCATION				10d. INSIDE CITY LIMITS?			
	MD Carro	011	W	estmins	ter			1 YES 2 NO			
FUNERAL	1398 Brehm Road			10f. ZIP C			U.S.	F WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS	ORIGIN7 (Specify Yee or No.— 14. RACE — Americe Black, White, etc. Specify:									
	15. DECEDENT'S EDUCATION	168	. DECEDENT'S USUA	L OCCUPATION		6b. KIND OF BUS		white			
COMPLETED	(Specify only highest grade complined in the complete complete complete in the complete complete complete in the complete complete in the complete	ege (1-4 or 5+)	(Give kind of work di life. Do NOT use retin	and displace most of sen	orking	out time of Bos	WE35/WD031K1				
OM	17. FATNER'S NAME (First, Middle, Last)		n/a		OTHERIO MARIE (E)						
111	Daniel Willard M:	inor Tr		10, 60	Cynthia						
BE	19e. INFORMANT'S NAME (Type/Print)	LIIOI. OI.	19b. MAILING ADDR	IESS (Street and Num	ber or Rural Route Nu						
TO BE	Mrs. Carrie Mino	ar .			ad, Wes			D 21157			
	20a. METHOO QE DISPOSITION	20h DI A	CE AND DATE OF DIS								
	cemetery, cramatory, or, other place										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
жаш	Robert K. Pr			Pritts	Funeral	. Home	& Cha	pel			
traumatic event, the medical examiner must	Robert K. Pritts. Sr. 412 Washington Rd., Westminster, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiretory arrest, ahock, or hasn't failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
RTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST										
DICAL CE	PART II. Other significant conditions con	tributing to death but a	ot moulting in the	renderleder en en							
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 VES 2 NO										
AN: ME											
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOS	SPITAL:	OTH		DEATN (Check only	one)					
PHYSICIAN	1 LAYES 2 NO 1 K	npatient 2 - ER/Outpatien			Reeldence B - Ott	ner (Specify)					
F	27. MANNER OF DEATN 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DI	EȘCRIBE NOW IN.	JURY OCCURED				
BY PI	2 Accident Investigation	01 28 1992		1 TES 2	NO S	ubject	hange	d self			
G	Suicide 8 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, ferm, atreet,	factory, office	28f. LO	CATION (Street any or Town, State)	d Number or Run	I Route Number,			
PLETE		at home			13	98 Bre	hm Roa	d			
MPL	29e. CERTIFIER (Check only one) 1 CERTIFYINO PNYSICIAN: 1	o the best of my knowledge	, death occurred at th	e time, date end pla	ce, and due to the c	euse(s) and mann	er ee stated.				
COMPLET	2 MEDICAL EXAMINER: On 1	he basis of examination end	/or investigation, in m	y opinion, death occ	cured at the time, de	le and place, end	due to the cause	e(s) end menner ee stated.			
BE (240 SIGNATURE AND TITLE OF CERTIFIED	V. \	V	29c. LI	CENSE NUMBER		29d. DATE SIONE	EO (Month, Day, Year)			
2	the pal	1 H W	M	0	C.M.E.		D 02 0	5 1992			

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

hia Davidson-Randalle

92-0557-510

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2,2 , yours after death. Page 6 may to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag he find within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.	
90	or to	
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Certif	ding	
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1 - STATE REGISTRAR	STATE OF MARY			F HEALTH		ENTAL HYGIEN REG. NO.	_	
	A. Murphy					2. DATE OF OEATH DATE OF SEATH	1992	
4. SOCIAL SECURITY NUMBER		E (in yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
220-62-0717	1×X M 2 □ F 3	6 YRS.				Feb. 23,1		Maryland
9a. FACILITY NAME (If not institution, g	See See West St.			WH OR LOCATIO		TH	9c. COUNTY	
Residence: Camp	Meeting Grou	nd Road	Po	ort Dep	osit		Cec	il
10a. STATE 10b. CO		10c, CIT	Y, TOWN OR	OCATION				10d. INSIDE CITY LIMITS?
Maryland	Cecil		Port	Depos	it			1 YES 2 NO
10e. STREET AND NUMBER 400 Camp Meetin 11. Marital Status 1 (2) Navor Married 2 Married				101, ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
400 Camp Meeti	ng Ground Roa	d			219	904	U.	S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED				C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No- 14.	RACE - American Indian, Black, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2XX NO				Specify:
	FRUGIFICAL	Turn a series and				16b. KIND OF BUS		White
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) Twelve Years 17. FATHER'S NAME (First, Middle, Lest	rade completed)	16a. DECEDENT'S (Give kind of	Work done dun	PATION ng most of workin	g			or Transit
Twelve Years	College (1-4 or 5+)	Traile						aryland
17. FATHER'S NAME (First, Middle, Lest		1 rrarre	I Meci		HER'S NAM	NOT LTI D		iaryianu
						oberta Kub		
19a. INFORMANT'S NAME (Type/Print)	IGI PHY	19b. MAILING	ADDRESS (S			oute Number, City or Tow		de)
M. Roberta Dicl	kerson							osit, MD 21
20s, METHOD OF DISPOSITION		20b. PLACE OF DISPO						or Town, State
1 🕅 Burial 2 🗆 Cremation 3 🗔 1 4 🗆 Donation 5 🗔 Other (Specify)	Removal from Stata	Greenmoun		neterv		Hil	Isboro	, Maryland
21. SIGNATURE OF FUNERAL SERVICE			22. NA	ME AND ADDRE		ILITY		
& Mamon . W	1 Pattern	15.0				son & Son aryland		
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	OUE TO (OR A	S A CONSEQUENCE OF	OF):	ANCE	K			6 mo
PART II. Other algnificant cond	itions contributing to death	h but not resulting	in the unde	orlying cause	given in F	Part i. 24a. WAS AN PERFOI 1 YES :	RMED?	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION DE CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 22 X NO 27. MANNER OF DEATH	HOSPITAL:		OTHER:	26. PLACE OF 0	EATH (Che	ck only one)		
1 U YES 2XXNO	1 Inpetient 2 ER/C		4 🗆 Nurein		asidence (6 Other (Specify)		
27. MANNER OF DEATH	(Month, Day, Yea	RY 26b. Ti	ME OF 2	Be. INJURY AT WORK?	7.00	28d. OEŞCRIBE HOW	INJURY OCCUP	9ED
2 Accident Investiga		URY — At home, ferm,	etmost facts	1 YES 2	_ NO	28t. LOCATION (Street	and Alumbus :-	Provide Atomber
3 Suicide 6 Could no	t be building, etc. (5	Specify)	, acrest, rector	, other		City or Town, State)	. m. or round Number,
200 SIGNATURE AND TITLE OF CERT	wa s	stion and/or investigat	lon, in my opi	nion, death occu		time, data and placa, a	nd dua to the o	
Joan P. Edward	ds, M.D., 211	2 Bel Air		Fallst	on, M	Maryland	21047	1
FEB 05 '92	32. REGISTRAR'S S	on-handall						

	1. DECEDENT'S NAME (First, Middle, LI		W	take 1	/	2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEAT		
	4. SOCIAL SECURITY NUMBER 222-03-2758	1 🔀 M 2 🗆 F	AGE (In yrs. lest bir	thday) IF UNDER 1 YEAR YRS. MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) April 4,)	B. BIRTHPLACE (State or For Country)		
СТОЯ	90. FACILITY NAME (If not institution, g Union Hospital RESIDENCE OF DECEDENT	EATH		Y OF DEATH						
DIRE	100. STATE 10b. COU Delaware New		1	oc. CITY, TOWN OR LOC Odessa	CATION		10d. INSIDE CITY LIMITS? 1 YES 2 X			
FUNERAL	100. STREET AND NUMBER 605 Main Street				19730			EN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	res 2 XNO	It yes,	ECENDENT OF HISPA apacify Cuben, Mexic ES 2 X NO Speci	NIC ORIGIN? (Specify en, Puerlo Ricen, etc.) fy:	Yes or No- 1	4. RACE — American India Black, White, etc. Specify: Black		
PLETED	15. DECEDENT'S (Specify only highest g	EDUCATION rade completed) College (1-4 or 5 +)	(Give I life, Do	ENT'S USUAL OCCUPA ind of work done during a NOT use retired.)	TION most of working		BUSINESS/INDU			
E COMPL	17. FATHER'S NAME (First, Middle, Last) August Mitchel		Lab	orer		Rail ME (First, Middle, Maid				
TO BE	19. INFORMANT'S NAME (Type/Print) Susan Vanderho			Alling Address (Street	t and Number or Rural			Code)		
	20e. METHOD OF DISPOSITION 1									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hicks Home for Funerals/Corleto-Latina Elkton, MD									
IFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (OR A	AS A CONSEQUE	NCE OF):	mach			interval Be Onset and		
AL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	AS A CONSEQUE	NCE OF):		Part I. 24a. WAS	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FIT AVAILABLE PRIOR COMPLETION OF COF DEATH?		
SICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit	b	AS A CONSEQUENT AS A CONSEQUEN	NCE OF): NCE OF): Iting in the underlyi 28. OTHER: OA 4 Nursing Ho	ng cause given in PLACE OF DEATH (Ch	Part i. 24a. WAS PERF 1 YES eck only one)	ORMED?	24b. WERE AUTOPSY FR AMAILABLE PRIOR I COMPLETION OF CO OF DEATH? 1 YES 2 N		
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit	b. DUE TO (OR A c. DUE TO (OR A d. d. lona contributing to deat HOSPITAL: Inpetient 2 ER/C 28e. PLACE OF INJU (Month., Day, Yes building, etc. /5	AS A CONSEQUENT AS A CONSEQUEN	OTHER: OA 4 Nursing Ho D. TIME OF INJURY 286. IF	PLACE OF DEATH (Ch	Part i. 24a. WAS PERF 1 TYES	ORMED? 2 NO W INJURY OCCUMENT AND MANUAL PROPERTY OF THE PRO	24b. WERE AUTOPSY FILAWAILABLE PRIOR COMPLETION OF COF DEATH? 1 YES 2 N		
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OF VI	PHYSICIAN:
JIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho
5	OR O

		1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last) ROBERT	CHARLES	MEYE			2. DATE OF DEATN		3. TIME OF DEATH 2 5:46P M		
(P)	4. SOCIAL SECURITY NUMBER 221-54-7407	1 🖾 M 2 🗆 F 26	(in yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Wear) Sept. 29,	1965	BIRTHPLACE (State or Foreign Country) Delaware		
2, 3	стоя	9a. FACILITY NAME (If not institution, give st LAWN-457 LEWIS)		LKTON	EATN		CECIL		
if. Pages	DIRE	10a. STATE 10b. COUNTY	ecil Elkton						10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
in. ansit permit.	FUNERAL	457 Lewis Shore		101. ZIP CODE 2192					N OF WHAT COUNTRY?		
attending physician. Ise as the burlal-fransit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 1 NO	If yes, sp	pecify Cuban, Mexica	oF NISPANIC ORIGIN? (Specify Yes or No- n, Mexican, Puarto Rican, etc.) Specify: White, etc. Specify: White				
for c	APLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Plant Foreman				siness/indus	te Products		
by the	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Donald Meyer	5			Janet	AME (First, Middle, Maiden Austin				
ay be retained page 5 should be notified	TO.	19s. INFORMANT'S NAME (Type/Print) Donald Meyer 20s. METHOD OF DISPOSITION		544 Bi	ddle St	reet, Ch	Route Number, City or Tow 1esapeake (City, I	MD 21915		
e 6 m rector,		206. METHOD OF DISPOSITION 1 ST Burlel 2 □ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	rval from State cem	PLACE AND DATE OF or oth Old Bohen	nia Ceme	etery ND ADDRESS OF FA	2/1/92 W		y or Town, State ., Maryland		
rs after death. Page n by the funeral direc removal. edical examiner n		Donald &	Hickory		Hicks Bow 8	Home for	or Funerals	, Elkto	on, MD. 21921		
certificate be executed within 24 hou dding physician and completely filled i Hygiene prior to burial, cremation, or rether traumatic event, the me	ERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
requires that the seen signed by the or Health and Misshows any Injury	MEDICAL C	PART II. Other significant conditions	contributing to deeth be	ut not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? X X YES 2 \(\square\) NO		
SICIAN: The law certificate has I the State Dept , or Item 23	/SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 \(\text{ \text{N}} \) NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	6 Other (Specify)	SIDE	LAWN		
DING PHYSICIA After this certif death with the s marked, or	ву рну	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation		26b. TIME INJU	M 1	JURY AT 26d. DESCRIBE NO		LICTE	WOUND D SHOTGUN		
DIRECTOR: After hours after death item 28 is ma	ETED	Suicide 6 Could not be detarmined		DE LAWI	N		457 LEW	(Street and Number or Bural Bouts Number			
TO THE HOSPITAL OF THE FUNERAL DE FORM WITHIN 72 POR SIMPORTANT: If IN	COMPLETED	(Check only one) 2X XMEDICAL EXAMINER		N: To the best of my knowledge, death occurred et the time, data and place, and du on the basis of examination and/or investigation, in my opinion, death occured at th							
THE POTHE POPULATION	TO BE	200 SIGNATURE AND TITLE OF CENTIFIER 20. NAME AND ADDRESS OF PERSON WHO	ke MD			29c. LICENSE NUMBER OCME			IGNED (Morith, Day, Year) 30 1992		
		J. DATE FILED (Month, Day, Year)		111 PEN	•	EET BA	LTIMORE,	MARYL	AND 21201		
		FEB 05 '92	Julia Davidson	Randell							

1. DECFDENT'S NAME (First, Middle	(Last)							2. DATE C	F DEATH			3. TIME OF DEATH
Kaja J.	Madsen							монтн 2		5	92	11:40 a
4. SOCIAL SECURITY NUMBER 127-14-2471	5. SEX	6. AGE ((In yrs. last birthda	MONTHS	DAYS	IF UNDER	24 HRS. MIN.		F BIRTH Day, Year)	1903	Count	HPLACE (State or Foreign mark
9a. FACILITY NAME (If not institution				-		OR LOCATI	ON OF DI				INTY OF D	PEATH
Union Hospita	NT			Elk	ton					Cec	il	
	COUNTY			ITY, TOWN								10d. INSIDE CITY LIMITS?
Maryland Ce	cil		Ch	esape		City						1 YES 2 NO
71 Port Herman	n Road					1915				USA		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 X NO		WAS DEC	ENDENT C	F HISPAI	HC ORIGIN? n, Puerto Ric	(Specify Ya		14. RACE Black	E — American Indian, k, White, atc.
15. DECEDENT (Specify only highes	S EDUCATION		18a. DECEDENT	S USUAL O	CCUPATIO	ON		16b. F	IND OF BU	ISINESS/INI		WILLE
Elementary/Secondary (0-12) Unknown	College (1-4 or 5	+)	Interi	work done use retired.)			g	Но	me D	ecora	tine	
17. FATHER'S NAME (First, Middle, La	ist)					18. MOTI	HER'S NA	ME (First, Mic				
Aage Larsen			1				cord		Hans			
Joy Harvey Sco								hesan				21915
20s. METHOD OF DISPOSITION 1 □ Burial 2 △ Cremation 3 □ 4 □ Denation 5 □ Other Specify	Removal from State	20b.	PLACE AND DAT	E OF DISPOS	SITION (Na		., .	DATE	20c. LC	CATION —	City or To	wn, State
21. SIGNATURE OF FUNERAL SERVI			liverbr		NAME AN	ID ADDDE	S OF EA	2-6	Wi.	lming	ton,	DE
· -				44.		ID ADDRES		CILITY				
23. PART I. Enter the disease shock, or heart to IMMEDIATE CAUSE (Final	complications the	at caused use on as	I the death. Do	R G	eorg	Foa e St da of dyi	rd F	unera hesap	eake c or reap	City Fratory an	rest,	21915 Approximate interval Betwee Onset and Day
23. PART I. Enter the discussion of the property of the proper	a. Enla	OR AS A	the death. Do ach line. CONSEQUENCE CONSEQUENCE	R G not antar	eorg	Foa e St da of dyi	rd F	unera	eake c or reap	City Fratory an	rest,	Approximate interval Between Onset and Des
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remoral.
IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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1. DECEDENT'S NAME (First, Middle	Leona	-DE	EKIIF	ICATI	E OF	DEAT	n	2. DATE MONTE	OF OEATH		YEAR	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 264-34-9849	5. SEX	8. AGE (In yrs. In	nst birthday) YRS.	IF UNDES	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH	04	A. BIRTI	HPLACE (State or Foreign Virginia
Mallard Bay I	Nursing Cer	nter		96, CITA		R LOCATIO					NTY OF D	
	Talbot			t. M			Т					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER Hambleton	n Village				10f	zip code	L663				S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Olvorced	FORCES?	PENT EVER IN U.S. A 1 YES 2 S E WAR OR DATES			If yes, sp		n, Mexica	n, Puerto !	i? (Specify Yes Rican, etc.)	or No—	14, RAC Blec Spec	E — American Indian, ck, White, etc. chy: White
(Specify only highe Elementary/Secondary (0-12)	r's EDUCATION st grade completed) College (1-4 or		GIVE KIND OF U	work done se retired.)	CCUPATIO during mo	ON at of workin	g		KINO OF BUS		DUSTRY	
4 17. FATHER'S NAME (First, Middle, I We lvin	Cline		Cook			18. MOTH			Middle, Maiden			
19a. INFORMANT'S NAME (Type/Pri	int)	1					or Rumi i	Route Num	ber, City or Town			
20a. METHOD OF DISPOSITION 1		Cap1	E OF DISPO	smon _{(M}	eme of cer	netery, crem	eh	4. 1	992 Do	CATION -	City or T	own, Stata
			101 0						002 20		DUI	unuic
21. SIGNATURE OF FUNERAL SER	STE GO	Rona	red	22.	NAME AN	i son	E.	cury Leon	ard Fu	nera	1 Ho	ome
23. PART I. Enter the disease	es, or complications allure. List only one	that caused the cause on each lir	Seath. Do	not enter	Harr 312	ison S. Ta	E.	Leon t St	ard Fu	nera Mich	l Ho	
23. PART I. Enter the disease shock, or heert f	es, or complicatione allure. List only one DUE	Lynt caused the c	Seath, Do	not enter	NAME APP 312 r the mo	ison S. Ta	E. albo	Leon t St	ard Fu	nera Mich	l Ho	ome s, Md. 2166 Approximate
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OF DEATH (ITEM 27) (Type, Print)

30, NAME AND ADDRESS OF PERE 31. DATE FILED (Month, Day, Year)
FEB = 4 1992

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(La. Choup)
		R. Page	
in does the	2030	sit permi	areas e
020	ohysician.	5 should be detached for use as the burial-transit p	
MARYLAND 21215-0020	stained by the hospital or attending p	as the	
212	tal or att	for use	
AND	e hospi	etached	nce.
YL	E C	pe q	ato
MAR	retained	5 should	notified at once.

phy retained by the hospital or attending 5 should be detached for use as the to notified : page 5 should nours after death. Page 6 may be 9 must funeral director, examiner filled in by the fion, or removal. the medical cremation, completely executed within event, an and con to burial. traumatic signed by the attending physician Health and Mental Hygiene prior to requires that the death certificate be other Injury, or shows any certificate has be the State Dept. 23 item OR ATTENDING PHYSICIAN: marked, this c After 28 18 DIRECTOR: hours after Hem FUNERAL I = HOSPITAL IMPORTANT: 五五

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

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31. DATE FILED (MOAD). DIX. 4" 1992

32. BEGISTRARY SIGNATURE
JUNA DRY doon-Randell

228

BALTIMORE,

BOX 68760,

DIVISION OF VITAL RECORDS, P.O.

th pees

92-0666-017 Item 27,28d per MEO G-685 3/2/92 gn Items: 23 part I 27,28a,b,c,d,e,f per MFO G-684 STATE 2/21/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATN YEAR SHAWN ASHLEY MAYNARD 02 08 992 8:15 P.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign 220-78-1029 1 M 2 F 25 3-20-1966 WASHINGTON, DC 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN FUNERAL DIRECTOR POOR HOUSE ROAD FARM WALDORF CHARLES RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY **MARYLAND CHARLES** WALDORF 1 YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1008 COUNTRY LANE 20601 USA 11. MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 X YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. It yee, specify Cuben, Mexicen, Puerlo Ricen, etc.)

1 YES 2 NO Specify: 1 X Never Merried 2 Married ES, GIVE WAR OR OATES 1984-1986 BY 3 Widowed 4 Divorced WHITE 6 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working (Give kind of work done life. Do NOT use retired.) COMPLET ntary/Secondary (0-12) College (1-4 or 5 +) **12TH** INSTALLER/SERVICE PERSON HEATING & AIR CONDITIONING 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) LESLIE REX MAYNARD BE FAIL FAYE SPRY 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LESLIE R. MAYNARD 1008 COUNTRY LANE, WALDORF, MARYLAND 20601 20e METHOD OF DISPOSITION
1 A Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State TRINITY MEMORIAL GARDENS 4 Donation 5 Other (Specify) 2-12 WALDORF, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY THE HUNTT FUNERAL HOME, INC. MICHAEL K. BLANKENSHIP, MO0857 P.O. BOX 156, WALDORF, MARYLAND 20604-0156 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximets shock, or heart fallure. List only one cause on each ilne. Interval Batween IMMEDIATE CAUSE (Finel Onset end Death disease or condition Carbon Monoxide Intoxication resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initisted events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO DF DEATH? 1 X YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 XResidence 6 ☐ Other (Specify) 27. MANNER OF DEATN 286. TIME OF INJURY 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Subject 1 Natural Subject furn inhaled fumes from propane ga 5 Pending Unknown Unk. M t YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, atreat, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Poor House Rd. Farm 6 Could not be 4 Nomicide determined Trailer 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2X MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Donald & Wright MD 02-09-1992 O.C.M.E. 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) DONALD G WRIGHT, MD DOME

111 PENN STREET BALTIMORE MARYLAND 21201

	1 - STATE REGISTRAR	SINIE UF MAP		RHIMENI	OF DE	H AND	MENTAL HYGIEN	_		
_	1. DECEDENT'S NAME (First, Middle, Last)		OLITI	ITIOATE	OF DE	АПП	REG. NO 2. DATE OF DEATH			
	Katherine Wal	lace MacS	orlev M		0015	V	MONTH D		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		MGE (In yrs. lest birthde				FEBRUARY	6 17		90 5° W
	214-67-7326	1 M 2 F	77 YRS	MONTHS	DAYS HOUR	DER 24 HRS. S MIN.	7. DATE OF BIRTH 1 (Mogth, Day, Year) 1 - 1 0 - 1 9 1		a. BIRTI	PLACE (State or Foreign y) yland
		7	// THE					5	Mai	ryland
~	ga. FACILITY NAME (If not institution, give			9b. CITY,	TOWN OR LOC	ATION OF DE	ATH	gc. COU	NTY OF D	EATH
0	PENINSULA GENEI	RAL HOSPITA	L		SALIS	BURY			WICO	MICO
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v	140-	CITY, TOWN O						
E	Maryland Do	chester	106.		Mark Street					10d. INSIDE CITY
	Maryland Do:	chester		Callin	ridge					YES 2 NO
FUNERAL	420 Leonard La	ane			10f. ZIP C	613		10g. CIT	US	WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ABMED	13. 1	MAS DECENDEN	T OF HISPAN	IIC ORIGIN? (Specify Yes	or No	14 PACE	— American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 1 1	YES 24 40		yes, specify Cu	ıban, Maxica	n, Puerto Rican, etc.)	O 140-	Blaci	w. White
COMPLETED	15. DECEDENT'S EDU	CATION	16a. DECEDEN	T'S USUAL OC	CUPATION		18b. KIND OF BUS	SINESS/INC	VIISTOV	
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	of work done of use retired.)	luring most of wo	rking	130111111111111111111111111111111111111	JII 12 507 11 16	7001111	
7	11	30.000	Stat	e Emp	. Nur	ses	Aide			
O	17. FATHER'S NAME (First, Middle, Last)				18 M	THED'S NA	ME (First, Middle, Maiden	Cump mal	_	
	Allen Wall	ace			10. 11		nnie Henr	-		
BE	19s. INFORMANT'S NAME (Type/Print)		10h MAU	NO ADDRESS	(Charat and All an		loute Number, City or Town			
2	Victor H. Mac	Sorley	P.0	• Box	760	St. I	dichaels,	MD	. 21	663
	20a. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Ram		20b. PLACE AND DAT	E OF DISPOSI	TION (Name of		DATE 20c. LO	CATION -	City or To	wn. State
	4 Donation 5 Other (Specify)	oval from Stata	Salisb	other plece)	remate	orv				, Md.
	21. SIGNATURE OF FLIMERAL SERVICE LI	ENSEE			AME AND ADD					
	> Strately	me-		1 3	homas	Fune	eral Home		~ ~	Md. 21613
	23. PART I. Enter the diseases, or	771-2								Mu. 21013
RTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR)	AS A CONSEQUENCE	Of):	Late	troy	janere	m.	ign	Interval Between Onset and Death
		d								i
PHYSICIAN: MEDICAL	PART II. Other algoificent condition	a contributing to deel	h but not reaultin	g in the und	deriying ceue	given in i	Part I. 24s. WAS AN PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		T	28. PLACE OF	DEATH (Che	ck only one)			
Z	1 TYES 2 NO	HOSPITAL:	Outpatient 3 DOA	4 Nursi		Rasidence	3 ☐ Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		IME OF NJURY M	28c. INJURY AT WORK?	□ NO	28d. DESCRIBE HOW IN	JURY OCC	URED	
	3 Suicide 6 Could not be determined	28a. PLACE OF INJ building, atc. (URY - At home, term Specify)	, atreet, facto	ry, offica		281. LOCATION (Street a: City or Town, State)	nd Number	or Rural R	oute Number,
ш		Series (
로미	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my ki	nowledge, dasth occu	rred at the tin	ne, data and pla	es, and due t	o the cause(a) and man	ner aa atut	ıd.	
OMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my ki	nowledge, dasth occu	rred at the tin	ne, data and place	ce, and due t	to the cause(a) and mand	ner as state	ed. cause(a)	and mannar as stated.
4	(Check only	CIAN: To the best of my ki	nowledge, dasth occustion and/or investigation	M)	1nion, death occ	CENSE NUM	Ime, data and place, and BER	dua to th	SIGNED	(Month, Day, Year)
IO BE COMPLETED	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of rey ki	ation and/or investiga	M)	1nion, death occ	CENSE NUM	Ime, data and place, and BER	dua to th	SIGNED	(Month, Day, Year)
4	(Check only 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE 290. SIGNATURE AND TITLE OF CERTIFIEF	CIAN: To the best of rey ki	DEATH (ITEM 27) (7)	M)	1nion, death occ	CENSE NUM	Ime, data and place, and BER	dua to th	SIGNED	

Acres Topmer

fly in a

ched for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

Released to Pyt. Mr. by Mr. Whitby, ME. DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

1. DECEDENT'S NAME (First, Middle, La		CERTIFIC	ATE OF DEATH	MENTAL HYGIENE REG. NO.	
INCEDL TA	ist)			2. DATE OF DEATH DAY	3. TIME OF DEATH
	illiam		Sr.	1/26/92	9.25 PM
4. SOCIAL SECURITY NUMBER 244 52 2086	130 M 2 🗆 F		UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept.8,1	938 Carolina
Se. FACILITY NAME (If not institution, gh		98	b. CITY, TOWN OR LOCATION OF D		c. COUNTY OF DEATN
PRINCE GEORGE HO			CHEVERLY	F	PRINCE GEORGE
10e. STATE 10b. COU	JNTY		OWN OR LOCATION		10d. INSIDE CITY
Maryland Pri	ince George	's Cap	oitol Height:	5	1 X YES 2 NO
100. STREET AND NUMBER 110 Cindy I	Lane		101. ZIP CODE 2074:	3	Og. CITIZEN OF WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVE FORCES? 1 YY	ES 2 NO	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 PES 2 NO Specify	an, Puerto Rican, etc.)	No- 14. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S E	EDUCATION	16a. DECEDENT'S USI	UAL OCCUPATION	16b. KIND OF BUSINE	SS/INDUSTRY
(Specify only highest gr Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	His Do NOT use m	done during most of working stred.) ne Technicia:	n PV	т.
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	AME (First, Middle, Maiden Sun	name)
Frederick D	Norman			sephine Mc	
19a. INFORMANT'S NAME (Type/Print) Hazel Norman	n	196. MAILING AD 110	Cindy Lane	Route Number, City or Town, St Capitol Ht	sets, Zip Code) S., MD 20743
20a. METNOD OF DISPOSITION 1		20b, PLACE AND DATE OF D	placa)		dover, MD
21. SUNATURE OF FUNERAL SERVICE	LICENSEE	Harmony	22. NAME AND ADDRESS OF FA		
(Menny	amo.	00	7474 Lando	ver Rd. La	ins Funeral Hondover, MD2078
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERSUNG CAUSE (Disease or Injury that initiated events resulting in death) LAST	/′	B A CONSEQUENCE OF):	rlenorckeift	e Cardia	serse
Marian Marian Service	d				
PART II. Other significant condit	ions contributing to death	but not resulting in the	he underlying cause given in	Part I. 24s. WAS AN AUT	
PART II. Other significant condit	lions contributing to death	h but not resulting in t	he underlying cause given in	Part I. 24s. WAS AN AUT PERFORMED	77 AVAILABLE PRIOR TO COMPLETION OF CAUSE
	/	h but not resulting in t		PERFORMED	D7 AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
28. WAS CASE REFERRED TO MEDICAL	HOSPITAL:		26. PLACE OF DEATH (C)	PERFORMED 1 YES 2	D7 AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
28. WAS CASE REFERRISK TO MEDICAL	HOSPITAL:	Autpatient 3 DOA 4	26. PLACE OF DEATH (C) THER: ☐ Nursing Home 5 ☐ Residence	PERFORMED 1 YES 2	DP ARRIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 3.07 NO 27. MANNER OF DEATH 1 Natural 5 Punding Investigation	HOSPITAL: 1 Vinpatient 2 ER/O 28a. DATE OF INJUR (Morth, Day No.	Subpetient 3 DCA 4	26. PLACE OF DEATH (C) THER: Normaling Home 5 Residence WORKY M 1 YES 2 NO	PERFORMED 1 YES 2 Nock only one: 8 Other (Specify) 28d, DESCRIBE HOW INJUR	NO COURED
28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2/V NO 27. MANNED OF DEATH 1 Hoturs 5 Pending Investigation 2 Accident Investigation 3 Stricks 6 Could not to describe the ferrifined	HOSPITAL: 1 Vinpelleri 2 ERIO 28a. DATE OF INJUR (Morrit, Dig. Sta	Autpetient 3 DOA 4	26. PLACE OF DEATH (C) THER: Normaling Home 5 Residence WORKY M 1 YES 2 NO	PERFORMED 1 YES 2 Nock only one: 8 Other (Specify) 28d, DESCRIBE HOW INJUR	DP ARRIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
28. WAS CASE REFERRED TO MEDICAL EXAMINERY? 1 YES 3 M NO 27. MANNER OF DEATH 1 Neturns 5 Pending Investigation in the Manual State of Coult had a service of the Manual State of Coult had a service only 1 CERTIFYING PH	HOSPITAL: 1 Vinpelleri 2 ERIO 28a. DATE OF INJUR (Month, Day See 28a. PLACE OF INJUR building, etc. (S (YSICIAN: To the Deat of my kn INNER: On the page of examina	Autpetient 3 DOA 4 1 TY JSb. TIME OF THAUSEY HIV — At home, farm, stree pacely)	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence WORKY M 1 YES 2 NO M, factory, office	PERFORMED 1 YES 2 Other (Specify) 28d, DESCRIBE HOW INJUI 28f. LOCATION (Street and J. City or Rown, State)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RY OCCURED Nomber or Floret Route Numbec
296. SIGNAY PER AND TIPLY OF CERTIFICAL EXAMINED. 2. Manual of Death 1. YEB 3/4 NO 2. Manual of Death 2. Additions 3. Suicide 4. Hornicide 1. Certifying Ph Chock only One) 2. Manual of Death 3. Suicide 4. Hornicide 2. Certifying Ph Chock only One) 2. Signay of And Tiply of Certifying Ph Conditions 2. Signay of And Tiply of Certifying Ph Conditions 2. Signay of And Tiply of Certifying Ph Conditions 2. Signay of And Tiply of Certifying Ph Conditions 2. Signay of And Tiply of Certifying Ph Conditions 2. Signay of And Tiply of Certifying Ph Conditions 2. Signay of And Tiply of Certifying Ph Conditions 2. Signay of And Tiply of Certifying Ph Conditions 2. Signay of And Tiply of Certifying Ph Conditions 2. Signay of And Tiply of Certifying Ph Conditions 2. Signay of And Tiply of Certifying Ph Conditions 2. Signay of And Tiply of Certifying Ph Conditions 2. Signay of And Tiply of Certifying Ph Conditions C	HOSPITAL: 1 Inpetient 2 ER/D 28s. DATE OF HAJUR 28s. DATE OF HAJUR 28s. PLACE OF INJUR building, etc. (S) ITSICIAN: To the Deal of my kn IINER: On the basis of exempline	Hatperlient 3 DOM 4 W JSB. TIME OF SHAUSEY HIV — At home, farm, street concept) owledge, death occurred a strion and/or investigation of the street concept.	THERE OF DEATH OF THERE IN THE SENTENCE OF DEATH OF THERE IN THE SENTENCE OF T	PERFORMED 1 YES 2 SOURCE (Specify) 28d. DESCRIBE HOW INJUR 28f. LOCATION (Street and) Oily or Reen, State) to the cause(a) and manner time, data and place, and du	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO RY OCCURED Womber or Plumi Route Numbec
28. WAS CASE REFERRED TO MEDICAL EXAMINERY? 1 YES 3 M NO 27. MANNER OF DEATH 1 Neturns 5 Pending Investigation in the Manual State of Coult had a service of the Manual State of Coult had a service only 1 CERTIFYING PH	HOSPITAL: 1 Impelient 2 ERIO 28s. DATE OF INJUIN Month, Dies les to building, etc. (S INSICIAN: To the best of my kn INNER: On the basis of examine FER WHO COMPLETED CAUSE OF	Hatperlient 3 DOM 4 W JSB. TIME OF SHAUSEY HIV — At home, farm, street concept) owledge, death occurred a strion and/or investigation of the street concept.	THER: Normaling Home \$ Residence Sec. Injury AT WORKY	PERFORMED 1 YES 2 SOURCE (Specify) 28d. DESCRIBE HOW INJUR 28f. LOCATION (Street and) Oily or Reen, State) to the cause(a) and manner time, data and place, and du	NO COUNED NO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO RY OCCURED Number or Fluid Route Number as stated. Is to the cause(s) and manner as stated.

Lilain Dyning

o attending impalician.	we as the burnal-transit permit. Pages 1, 2, 3 should)	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hours at the hours are clean.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactored use as in burnel-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 -

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Mid	kile, Last)		747	-					2. DATE OF DEATH		2000	3. TIME OF DEATH
	ELIZABET	H	G.		NOVE	LLO				JANUARY 2	7. 10	YEAR	8:03 P M
	4. SOCIAL SECURITY NUMBER	5.	S. SEX	6. AGE (In	yrs. last birthdey	·	DER 1 YEAR	IF UNDE		7. DATE OF BIRTH (Month, Day, Year)			IPLACE (State or Foreign
	231-62-6392		□ M 2 X F	92	YRS.	MONTE	S DAYS	HOURS	MIN.	12-15-18	99		York
~	9s. FACILITY NAME (If not institut					9b. C	ITY, TOWN	OR LOCAT	ON OF DI	EATH	9c. COL	INTY OF D	EATH
DIRECTOR	SOUTHERN MAR	YLAND	HOSPIT	AL CE	NTER		C:	LINTO	N		PR]	INCE	GEORGE'S
E C		L COUNTY			10c, C	ITY, TOW	N OR LOCA	TION					10d, INSIDE CITY
<u>a</u>	Maryland	Prince	e George	e's		Tem	ple H	lills					LIMITS?
AL	10a. STREET AND NUMBER						10	H. ZIP COD	E		10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	3612 Riviera	Stree	et						2074	8		U.S	.A.
5	11. MARITAL STATUS 1 Never Married 2 Marr		2. WAS DECEDEN FORCES? 1				13. WAS DE	CENDENT (OF HISPAI	NIC ORIGIN? (Specify Ye	s or No-	14, RACE Black	E — American Indian, k, White, atc.
₩	3 Widowed 4 Divorced	100	IF YES, GIVE Y	WAR OR DAT	ES T	- 1	1 YE	8 2 NO	Specif	y:		Spec	White
		NT'S EDUCAT		1	Isa. DECEDENT					16b. KIND OF BU	SINESS/IN	DUSTRY	······································
<u>L</u>	(Specify only high Elementary/Secondary (0-12)	1	mpleted) College (1-4 or 5	+)	(Give kind o	of work do use retire	ne during m d.)	ost of world	ng				
MP	6th				Н	omem	aker				Hom	е	_
COMPLETED	17. FATHER'S NAME (First, Middle,	, Last)						18. MOT	HER'S NA	ME (First, Middle, Meider	Surnsme)		
BE		nt Gre	eco							eresa LaPa			
2	Marie T. Casa									Route Number, City or Tov			7/0
	20s. METHOD OF DISPOSITION	azza		T ans m					Te	mple Hills	Md		
	1 Surial 2 Cremation 3		al from State	cement MOI	ery, cremetery of	other pla	ce) Com	ame or	₁₇ 1	-31-92 Ri			
	21. SIGNATURE OF UNERAL SE		ISEE	11100	ane oa.		22. NAME A	ND ADDRE	SS OF FA	CILITY			VIIgIIIIA
	> Mart	0//1	4							as Funeral			
	23. PART i. Enter the disea	sea, or con	policetione the	t caused t	the death Do	not an	616U	Oxon	Hil	1 Rd. Oxor	n Hil	1, M	
	ahock, or heart	fallura. Lia	nt only one ceu	se on sec	h line.			oda or dy	mg, sac	ii as cardiec or reap	matory at	1001,	Approximate interval Between Onset and Daath
	iMMEDIATE CAUSE (Final disease or condition		PU	AB	AB	LE	01	10					201201 Can
	resulting in death)	a.	DUE TO	(OR AS A C	ONSEQUENCE	OF):	,	· ·					Juliani
Z		6.	AT	RIF	7L	FI	BR	111	977	امع			
CERTIFICATION	Sequentially list conditions if any, leading to immediate	0	DUE TO	(OR AS A C	ONSEQUENCE	or):	17		4				
5	cause. Enter UNDERLYING CAUSE (Disease or injury	C	DUE TO	TOP AS A C	ONSEQUENCE	05.							
Ē	that initiated eventa resulting in death) LAST		552 10	(On No N C	ONSECUENCE	Or):							1
S		d											
¥	PART II. Other algnificant of	conditiona	contributing to	death but	not resulting	g in tha	undarlyin	g cause	given in	Part I. 24a. WAS AN PERFO		24b	WERE AUTOPSY FINDINGS
MEDICAL	(1)	_	FA	0 10	-111	V			11/2	1 TYES	NO X		COMPLETION OF CAUSE OF DEATH?
Z	Jan Mer	210		YUF,	78 4	W	WW	ry L	NE		••		1 - YES 2 - NO
AR	25. WAS CASE REFERRED TO ME	rough T					70012						
S	EXAMINER? 1 TYPES 2 NO	H	IOSPITAL:		E . 10	ОТН	ER:			eck only one)			
PHYSICIAN	27. MANNER OF DEATH	-1'	28s. DATE OF			ME OF	7	JURY AT	esidence	8 Other (Specify) 28d. DESCRIBE HOW	IN HIRT OC	CHBED	
	1 Netural 5 Pend	ding stigation	(Month, D			NJURY	W	YES 2	∃ NO	200. DESCRIBE HOW	INJUNI OC	CONED	
B ₹	2 Accident 3 Suicide Coul		28e. PLACE O	F INJURY -	- At home, farm	, street,				28f. LOCATION (Street	snd Numbe	r or Rural F	Route Number,
回		rpulned	bullding,	atc. (Specify	9					City or Town, State)		
١٣	29a, CERTIFIER 1 CERTIFY	NG PHYSICIA	N: To the beat of	my knowled	ige, death occu	rred at th	ne time, date	and place	, and due	to the cause(s) and ma	riner ss sta	rted.	
COMPLET										time, dats and placs, a) and manner ea stated.
	200. SIGNATURE AND THE OF)					-	ENSE NUI				(Month, Day, Year)
BE C	MITTON	1						-	4945		•	1-28	
임	10. HAME AND AGORESS OF PER			SE OF DEAT	H (ITEM 27) (Ty	pe, Print)					1	1 20	16
	MICHAEL D. 1			780	1 01d 1	Bran	ch Av	re. #	409	Clinton, N	ld. 2	0735	
	\$1. DATE FILEO (Month Day, Year)	1992	32. PREGISTRA	A Spigna	OON- Pano	lace							
	JAN OU	1002	0	3.5									

1.11

	1. DECEMENT & NAME (First, Middle, Las	Edward L. Nel	son			2. DATE OF DEA		year 3. TIME OF DEATH 540 P
)	4. SOCIAL SECURITY NUMBER 228-44-5504 9a. FACILITY NAME (If not institution, give	1) EM 2 [] F S	YRS.	F UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 1) 4-15-	936	BIRTHPLACE (State or Foreign Country) Virginia
сто́н	University of	-7 11 11 1			more Cit		9c. COUN	TY OF DEATH
DIRE	Maryland 100. STREET AND NUMBER	Anne Arundel	10c. CITY, 1	TOWN OR LOCA	Pasad	ena		10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
FUNERAL		rth Carolina A		1	I. ZIP CODE	21122	U	S. A.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 ST YES IF YES, GIVE WAR OR DAT 1955-1959	2 NO	If yes, sp	ecity Cuben, Mexica 2 NO Specif	n, Puerto Rican, e	IC.)	14. RACE — American Indian, Black, White, etc. Specify: White
LETED	15. DECEDENT'S ED (Specify only highest gra-	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mo etired.)	ON st of working		OF BUSINESS/INDU	
E COMPL	17. FATHER'S NAME (First, Middle, Last)	Hans Peter Nel	Sales son	man	18. MOTHER'S NA			stry
TO BE	19e. INFORMANT'S NAME (Type/Print) Joyce Nelson	Idio I COCI NOI	19b. MAILING A		nd Number or Rural i	Route Number, City	or Town, State, Zip (Maryland 21122
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C. DUE TO (OR	CONSEQUENCE OF): LICENTIFICATION CONSEQUENCE OF):	enter the mo	lener.	Part I. 24a. W	reepiratory srre	Maryland 2115 st, Approximate Interval Betwee Onset and Dea 10 dg 10 dg 24b. Were Autropsy Finding AMALABLE PRIOR TO
10	PART II. Other significent condition			-		1	ES 2 NO	AWAILABLE PHICH TO
MEDICAL C							E3 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1		26. PL	ACE OF DEATH (Ch	eck only one)		OF DEATH?
EDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	MOSPITAL: 1 Impetient 2 ER/Outpet 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	26. PL THER: Nursing Hom FF 28c. INJ Y WO 1 1	e 5 Residence URY AT RK? /ES 2 NO	eck only one) 6 Other (Specific 28d. OE\$CRIBE	v) HOW INJURY OCCL	OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 299. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	MOSPITAL: Department 2 ER/Outpet 28s. OATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY - building, etc. (Specify SICIAN: To the best of my knowled ER: On the basis of examination of examination of the basis of examination of the basis of examination of	28b. TIME C INJUR At home, farm, street, stre	26. PL THER: Nursing Hom FF 28c. INJ WO M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e 5 Residence URY AT RK? FES 2 NO end place, and due eath occured at the 29c. LICENSE NUM	26d. OEŞCRIBE 26d. OEŞCRIBE 26f. LOCATION (City or Town, to the cause(a) ar time, dete and pla	y) 10W INJURY OCCU. Street and Number of State) d manner as stated ce, and due to the	OF DEATH? 1 YES 2 NO JREO W Rural Route Number, d.
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		1. DECEOENT'S NAME (First, Middle, Liet) JESSIE HOFFMAN	OLWINE	1			JAN. 24.	1992	ar 1:40 PM
(P				VERS MON	MDER 1 YEAR THIS DAYS	F UNDER 24 HRS. THOURS MIN.	Month, Day, Year)	6. B	ountry) EW Jersey
	HO	9a. FACILITY NAME (If not institution, give street 23964 OAK POINT RO	•	9b.	BOZMAN	OR LOCATION OF DEAT		9c. COUNTY	BOT
. Pages 1.	DIRECTO	10a. STATE 10b. COUNTY MD Tall	oot		wn on locat Bozman				10d. INSIDE CITY LIMITS? 1 VES 2 X NO
46 physician. burlal-transit permit. Pages	FUNERAL	10e. STREET AND NUMBER 23964 Oak Pt, Rd.	Box 185		101	21612		U.S.	OF WHAT COUNTRY?
03-3146 attending physician. se as the burlal-tran	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 , NO	If yes, sp	ecify Cuben, Mexican, 2 NO Specify:	ORIGIN? (Specify Y Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White
212 Tal or Tor u	PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elamentary/Secondary (0-12)	ION inpleted) College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during mo red.)	ON set of working		Own Hom	
YLAND 2: by the hospital	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Walter	Hoff	fman		16. MOTHER'S NAME Ella	E (First, Middle, Meide	n Sumame) Sharp	
E, MARY ay be retained by page 5 should b	TO B	19a. INFORMANT'S NAME (Type/Print) Elizabeth O. Fisk		23964	Oak Pt	nd Number or Rural Ro Rd. Bo	x 185 Bo	zman, M	D 21612
e 6 m ector,		20s. METHOD OF DISPOSITION 1 Burial 2VE/Cremation 3 Remova 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	from State S	place of disposition other place)	Cremat	OTY ND ADDRESS OF FACE	1-25 Sa	lisbury	or Town, State , Maryland
BALTIM after death. Pag by the funeral di moval.		· B. Keith	Phippin		Newna	m Funeral	Home 2	aston, N	arrison St. MD 21601
within 24-hours pletely filled in to cremation, or refernt, the medient,		23. PART I. Enter the diseases, or conshock, or heart feilure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death) e.	Cotonar	artury	d.52	ase	as cerdiac or res	piratory arrest,	Approximate interval Betwee Onset and Des
.O. BOX 13: th certificate be executeding physician and I Hygiene prior to bur	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST	COPD	CONSEQUENCE OF):		lisease			
requires that the sen signed by the of Health and M shows any Injury	MEDICAL C	PART II. Other significent conditions	contributing to death be	ut not resulting in ti	ne underlyin	g cause given in P		N AUTOPSY ORMED? 2 X NO	24b, WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
OF VITAL F PHYSICIAN: The law this certificate has be with the State Dept.	PHYSICIAN		IOSPITAL:		HER:	LACE OF DEATH (Chec			
	BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. (N.		28d. DESCRIBE HOV	INJURY OCCUR	ED
S affect &	Ш	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stree	t, factory, offic	be .	281. LOCATION (Stree City or Town, Sta	et and Number or F te)	tural Route Number,
Z Z Z Z	5	(Crieck Only	N: To the best of my knowl On the basis of examination	Carried Control					ause(s) and menner as stated.
TO THE HOSPITO THE FUNER be filed within	TO BE	29b. SIGNATURE AND TITLE OF CENTURE	70			29c. LICENSE NUME 93974	SER 9	29d. DATE SI	GNEO (Morith, Day, Year)
		Jav14 0- 01.	e can	2 Aurora S		embridge	ه وس	21613	
0		JAN 27 1992	32. REGISTRAR'S PIGN	down-Handall	6				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

DHMH-16 Rev 1/89

1:40 PM m

Approximate interval Between **Onset and Desth**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

	2. 3 should	
	the burial-transit permit. Pages 1, 2.	
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ing physicia	the burial-ti	
al or attend	for use as	
in hospit	Perhed	once.
de la Contraction de la Contra)	notified 2
ge 6 may b	firector, page	r must be
er death. Pa	the funeral c	i examine
24 nours aft	filled in by on, or remo	he medica
rted within	completely fal, cremati	c event 1
ate be execu	ysician and prior to but	traumation in
MYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be extended.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.	e marked or item 23 shows any injury or other traumatic event. The medical examiner must be notified at once.
s that the d	afth and Me	any initi
law require	has been sig Dept. of He	23 chows
SICIAN: The	certificate h	f or item
DING PHY	After this death with	e marked

BALTIMORE, MARYLAND 21203-3146 nous after death, Page 6 may be greated by the property of the physical or attending physical property of the physi TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29th TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filler be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, imPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the results that the property of the

David H. Smith

Smith,

M.D.

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wire nevidoon

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND / CE		MENT OF			MENTA	REG. NO.	E .		
	1. DECEDENT'S NAME (First, Middle, Lest)			,					OF DEATH		YEAR	3. TIME OF DEATH
	EDWARD T	1	P	ODUFA	I.Y			MONT	2.0		Q2	2:25 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		F UNDER 1 YEAR	R IF UNDE	9 24 HRS.	7. DATE	OF BIRTH		16	IPLACE (State or Foreign
	042-32-1799	1)X)XM 2			ONTHS DAY		MIN.	(Monti	h, Day, Year)		Count	
			74						-21-17			CT.
	9a. FACILITY NAME (If not institution, give str	reet and number)		9	b. CITY, TOW	N OR LOCAT	ION OF DE	ATH		9c. COUI	NTY OF E	DEATH
S.	7049 Tilghman Isl	and Road			Sher	wood				Та	1ho:	
DIRECTOR	RESIDENCE OF DECEDENT										1100	
Ü,	10e. STATE 10b. COUNTY			10c. CITY, 1	TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
ā	Maryland Talbo	t		Sher	wood							1 - YES 2 - NO
7	10e. STREET AND NUMBER				I	10f. ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNTRY?
2	7049 Tilghman Isl	and Road				214	665			1	JSA	
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARI	150	40 1100			#0 0PIO#	10 (0 M - M			P. American Indian
5	1 Never Married 2 Married	FORCES? 1	YES 2 N		If yes,	specify Cubi	en, Mexice	n, Puerto	t? (Specify Yes Rican, etc.)	or No-	Blac	E — American Indian, k, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR DR DATES		101	ES AN NO	Specify	<i>/</i> :			Spec	White
		1940-19			1							WILLCE
Ē	15. DECEDENT'S EDUC (Specify only highest grade		(Gi	ve kind of wor	SUAL OCCUPA rk done during	MOSt of work	ing	168	. KIND OF BUS	SINESS/INC	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5 -	Hfe.	Do NOT use i	retired.)							
핕	12	5+	Brig	. Gen	eral	(ret.)	U.	S. Arr	ned F	orce	es
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			5000	47.4	18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)		
	Michael Podufaly					Ro:	salie	e Kro	olicki			
BE	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING AI	DDRESS (Stre				ber, City or Town	n, State, Zic	Code)	
2	Virginia Podufaly		7	049 T	ilahm	an Tei	land	Poac	Shor	rwood	MI	21665
					ION (Name of			Noac		CATION		
10	20a. METHOD OF DISPOSITION 1) XBuriel 2 Cremetion 3 Remo	oval from Stata	other pla	ice)			,					
	4 Donation 5 Other (Specify)		- West F	oint	Milit	ary A	rader	ny 1-	24 Wes	st Po	int,	NY
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				wnam l						
	JOHN S	mr/	CER=									
	23. PART I. Enter the disesses, or c		1000									
			t caused the de		t enter the	mode of d	ing euc	b es cer	diac or read	tasto	n A	4D 21601
	shock, Dr heert failure.			eth. Do not	t enter the	mode of dy	ring, euc	h es cer	diec or reepi	ratory an	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	List Dnly one ceu	ise on each line	eth. Do not	t enter the	mode of dy	ing, euc	h es cer	diec or reepi	ratory an	rest,	Approximate
		Sua	use on each line	luu	t enter the	mode of dy	ing, euc	h es cer	diec or reepi	iasto ratory an	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Sua		luu	t enter the	mode of dy	ing, euc	h es cer	diec or reepi	ratory an	rest,	Approximate interval Between Onset and Death
N	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Sua	use on each line	luu	t enter the	mode of dy	ing, euc	h es cer	diec or reepi	ratory an	n . N	Approximate interval Between Onset and Death
TION	IMMEDIATE CAUSE (Finel disease or condition	SMA. DUE TO	use on each line	LUU	enter the	mode of dy	ing, euc	h es cer	diec or reepi	ratory an	rest,	Approximate interval Between Onset and Death
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Idlewild Avenue, Easton, MD 21601

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	FOR	OTATE OF MADVI AL	TO C DEBAL					92 0	14571		
	1 - STATE REGISTRAR	STATE OF MARYLAN	OERTIF	ICATE OF	DEATH AND		HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last,	7				2. DATE OF	DEATH	3. T	IME OF DEATH		
	EMILLOB	. Petrone.	Sr.			MONTH	25	92 0	1/37) M		
	4. SOCIAL SECURITY NUMBER 679 - 10973				IF UNDER 24 HRS. HOURS MIN.	(Month, D	ATE OF BIRTH Month, Day, Year) 8. BIRTHPLACE (State Country) Washingto				
	9a. FACILITY NAME (If not institution, give	street and number)			OR LOCATION OF D		And the second	WASNI	ngton, D.(
DIRECTOR	Ann Arundel Gene RESIDENCE OF DECEDENT		lis	Ann Arundel							
	Maryland Ann	Y, TOWN OR LOCA Va	FION			10d.	INSIDE CITY LIMITS? YES 2 NO				
FUNERAL	100. STREET AND NUMBER 500 Fern Road						10g. CI	10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	If yea, ap	CENDENT OF HISPA ectivy Cuban, Maxica 2 NO Specif	an, Puarto Rica	7? (Specify Yes or No- 14. RACE — American Indian Black, White, etc. Specify: White						
	15, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	ON ost of working	The Washington Post								
BE COM	8 Mailer 17. FATHER'S NAME (First, Middle, Lest) Frank Petrone Rose To						ME (First, Middle, Melden Surname)				
TO B	19a. INFORMANT'S NAME (Type/Print) Aleene C. Petrone 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 500 Fern Rd. (P.O. Box 216), Riva, Maryland 21140										
	20a, METHOD OF DISPOSITION 1 PAGE AND DATE OF DISPOSITION (Name of the control of										
	21. SIGNATURE OF PRIMAL SERVICE LICENSEE Rendon/Hale Lannam Funeral Home 9013 Annapolis Rd., Lanham, Maryland 20706										
	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel								Approximata Intervel Between Onset and Daath		
NO	Sequentially list conditions To Chronic Obstructive Pulmonay Discourse										
RTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evente resulting in death) LAST										
CE	DADT II Other significant and fills										
: MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in						24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 KNO		24b. WERE AUTOPSY INDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check code code)										
PHYSICIAN:	28. PLACE OF OEATH (Check only one) 7. PLACE OF OEATH (Check only one) 7. PLACE OF OEATH (Check only one) 8. PLACE OF OEATH (Check only one) 9. PLACE OF OEATH (Check only one) 1. PLACE OF OEATH (Check only one)										
ΉΥ	27. MANNER OF OEATH	26a. OATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c, INJ	URY AT		pecify) IBE HOW INJURY OF	COLIDEO			
В	1 Netural 5 Pending 2 Accident Investigation	M 1 1	YES 2 NO								
ETED	4 Homicide detarmined						28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	(Check only and Cherist Ting Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUMBER 29d. C			DATE SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)					163		1/25/9	2		
	ONayne D. Bierbaum 1340 Wensuille Rd. West River Mp										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU		3400	Neksui	The Ro	d Wes	st Ki	ver My		

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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page is man be regime to be the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the treatal director, parts after detail for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remains.	he medical examines must be settled at secon
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or remains	IMPORTANT If Ilem 28 is marked or Ilem 23 shows any injury or other traumatic event, the medical seamings must be medical as an extension of the medical seamings and the medical seamings are seamed as the medical seamings and the medical seamed and the medical seamed sea

	REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)							REG. NO.			YEAR	3. TIME OF DEATH	_	
	Donald A. PR								01 15			9:28P		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DA	TE OF BIRTH	1	1992 8. BIRT	HPLACE (State or Foreign	_	
	004 10 1278	1 M 2 D F	82	YRS.	MONTHS DAYS		HOURS MIN.	Nov. 4. 1		1909	Mai			
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 10	WN O	R LOCATION OF DE				9c. COUNTY OF DEATH			
9	Doctors' Commun	ity Hosp	ital		Lan	har	n			Pı	rince	Georges		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CIT					OCAT	ION					10d. INSIDE CITY	=	
					TY, TOWN OR LOCATION Bowie							LIMITS?		
	Maryland Prince Georges					10f.	ZIP CODE			10g. C	TIZEN OF	WHAT COUNTRY?	_	
	12317 Starlight Lane						20715			11	Chan			
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No. 14, RAC						14. RAC	E — American Indian.		
BY F	1 Never Married 2 Married FORCES? 1 YES 2 NO			NO			2 NO Specific		nto Rican, etc NO	i.)		Black, White, etc. Specify: TTL * 4		
BE COMPLETED		3 Wildowed 4 Divorced 42-45							NO		White			
	(Specify only highest grade completed)			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b. KIND O	F BUSINESS/I	NDUSTRY			
	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)			er			-	Prin	ting				
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME /Ei					_	
	Not Available										,			
	19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADORESS (SI	reet a	nd Number or Rural		ilablumber, City o		Zip Code)		-	
2	Rose M. Pratt						tht Lane					715		
5	20a. METHOD OF DISPOSITION 20b. PLACE AND DA				TE OF DISPOSITION (Name of				OATE 20c. LOCATION City or Town, State					
	4 Donation 5 Other (Specify) Metropol				Crematory Ale					lexandria Virginia				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									_				
	Beall-Evans Funeral Home, P.A.									1 20715				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximate											_		
	shock, or hast failure. List only one cause on each line. IMMEDIATE CAUSE (Final								Interval Between					
	disease or condition resulting in death) s. Preumonia													
	DUE TO (OR AS A CONSEQUENCE OF):													
Z	Sequentially list conditions b.													
E E	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	CAUSE (Disease or Injury CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF):													
Ē	that initiated events OUE 10 (OR AN A CONSEQUENCE OF): resulting in death) LAST													
	0.										_			
A P	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part						Part I		S AN AUTOPS	Y 241	WERE AUTOPSY FINDING	is		
MEDIC	Tremmy wardy							S 2 NO		COMPLETION OF CAUSE OF DEATH?				
WE	sence COFD									1 WES 2 NO				
Z														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PL	ACE OF DEATH (Ch	neck only	y one)					
XS	1 YES 2 OFFO Propertient 2 ER/Outpatient 3 OOA 4 Nursing Home 5 Residence 6 Other (Specify)													
	Month, Day (par)													
B	Accident Investigation 28e PLACE DE INJURY At home tarm street forders office / 29t LOCATION (Co. 1) A Location (Co. 1)													
	28e. PLACE OF INJURY — At home, family street, factory, office determined 28e. PLACE OF INJURY — At home, family street, factory, office city or Town, State) 28e. LOCATION (Street and Number or Rural Floure Number, City or Town, State)													
	29e. CERTIFIER										_			
LE I	206. CERTIFFIND PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and mariner is stated. (Check only one) 2 MEDICAL EXAMINER: On the bast of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and menner as stated.													
MPLET		- Contractive Cont												
COMPLET		4											-	
BE COMPLET	2 WEUCAL EXAMINATURE AND PITLE OF CERTIFI	4	-0				29c. LICENSE NUI	MBER	a.	29d. D	ATE SIGNED	(Montyl, Day, Year)	_	
ш	SUBSTITUTE AND PITTE OF CERTIFIC	Sacs	SE OF OFATH //	FM 271 /Ren-	Print1		D/77	MBER 9	9	29d, D	1111	(Month, Day, Year)	_	
O BE		Sacs	SE OF OEATH (IT	EM 27) (Type	, Print)		D/77	MBER 9	9	29d. C	1111	162	-	

32. REGISTRAN'S SIGNATURE
Juna Davidson-Randall

31. DATE FILED (MONTH), Day South
JAN 28 1992

3. TIME OF DEATH

e. BHTTHPLACE (State or Foreign Country) Whately, Alabama

2. DATE OF DEATH MONTH

26

Jan. 7, 1947

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

5. SEX

1 M 2 F

4. SOCIAL SECURITY NUMBER

423 68 4054

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1314	executed
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rou
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NO.	96. FACILITY NAME (If not institution, give str Andrews Air Fo	rce Base H	osp.		Springs			· G .	1
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		40- 019	Y, TOWN OR LOCAT	TION		-	1 44.	I INGIAE CITY
DIRECTOR	Maryland P.	G.		restvil				Ж	I, INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 1612 Tulip Ave	nue		101	1.00		States		
BY FUN	11, MARITAL STATUS 1 Never Merried 2 Amerried 3 Widowed 4 Divorced	12, WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE OF THE PROPERTY OF THE PROPERT	2 NO	If yes, sp	CENDENT OF HISPAN Hecity Cuben, Mexican S 2 X NO Specify			4. RACE — Bleck, W	American Indian, hite, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		180. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION work done during mose retired.)	ON ost of working	166. KIND OF B	USINESS/INDU	STRY	-
W	17. FATHER'S NAME (First, Middle, Last) Robert Lee Pace	e				ME (First, Middle, Meide Mye R. T			
TO B	190. INFORMANT'S NAME (Type/Print) Angelia D. Pace		163	l2 Tuli	p Avenu		restv	ille	
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo 4 Dopation 5 Other (Specify)	oval from State	place of dispo other place) armony	Memori	metery, cremetory or al Park ND ADDRESS OF FA	1/30/	ocation – ci		over,Md.
	Haw F.	Dlewar	1 III	Ste	wart Fu	neral Hong Road			V
	23. PART I/Enter the diseases, or 6 shock, or heart feilure. I IMMEDIATE CAUSE (Final disease/or condition resulting in death)	omplications that caused List only one cause on ea	time.	imeo	nor has	n se cerdlec or res			Approximata Interval Between Onset and Desti
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS A		207	/	0			
MEDICAL CE	PART II. Other significent condition	a contributing to death bu	it not resulting	In the underlyin	g cause given in		AN AUTOPSY ORMED?	AM CO OF	ERE AUTOPSY FINOINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				LACE OF OEATH (Ch	ack only one)			
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpi	ntlent 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)			
_	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b, Till	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOV	V INJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, stc. (Speci	— At home, farm,	street, factory, offic	ca	281. LOCATION (Stree City or Town, Sta	et end Number o	or Rural Rout	e Number,
COMPLET	CHOCK OTHY	CIAN: To the best of my knowlers: R: On the bests of examination	ALL COLLEGE						nd manner as stated.
BE	296 SUBSTATURE AND TITLE OF CERTIFIED	Polyne,	nn		29¢ LICENSE NUI	ABER 30	29d. DATE	SIGNED (M	orith, Day, Year)
5	Midus & P. Re	OCOMPLETED PAUSE OF DE	MB	5009	Ray po	um at	.Cp	Spel	MosoT
	31. OATE FILEO (Morith, Day, Year) JAN 28 1992	32. REGISTRAN'S SIGN	son-Rande	œ /	/		/ /	Y	DHMH-18 Rev 1:

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR IF UNDER 24 HRS.

DAYS

6. AGE (In yrs. lest birthday)
45 YRS.

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rurs after death Page

the funeral

filled in by the ion, or removal.

has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation,

certificate h

death with 1

DIRECTOR:

MARYLAND 21215-0020

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2 7 2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
5	OR
	OSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR GLADIS PARKER 9:45 PM January 24, 1992 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 12-05-1909 IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 1 🗌 M 2 💢 F DAYS HOURS 218-34-5539 Maryland 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1627 Bay Ridge Road DIRECTOR Edgewater Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Edgewater 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1627 Bay Ridge Road 21037 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify 3XXWidowed 4 Divorced NO NO white COMPLETED 18e. DECEDENT'S USUAL OCCUPATION

The kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10th 0 Sales Clerk Department store once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 75 Philip L. Curtain Mary V. Perria 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 David B. Parker 6113 Hillmeade Road, Bowie, Maryland 20720 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1A Burtel 2 Gremation 3 Removal fro 4 Donation 5 Other Specify 2 2 HISTORY FUNEBAL SERVICE VICENSEE ☐ Removal from State commetery cremetery or other place)
Ft. Lincoln Cemetery 01-28-92 Brentwood, Maryland exantiner FRANCIS GASCH'S SONS FUNERAL HOME, P.A. 4739 BALT. AVE., HYATTSVILLE, MD. 20781 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failura. Liet only ona causa on each lina. intarvai Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition OUE TO (OR AS A CONSCOUENCE OF): event. resulting in death) Oracitive Heart Failure
DUETO (OR AS A CONSEQUENCE OF): or other traumatic CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING D 19 be tes Mel CAUSE (Disease or injury that initiated events resulting in daeth) LAST shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 20 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 Residence 6 □ Other (Specify) 1 YES 2 NO 1 - Inpatient 2 - ER/Outpatient 3 - DOA 6 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending BY 1 YES 2 NO Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, affice building, etc. (Specify) 6 Could not be determined COMPLETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 4 Homicide Item 29e. CERTIFIER (Chack only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Mullay MD 1125192 D385a6 MJ 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Solomons MURRAY 010 ISA Island B 32. AEGISTRAB'S SIGNATURE Pandase 31. DATE FILED (Month, Day, Year) JAN 27 1992

DHMH-16 Rev 1/89

OHMH-18 Rev 1/89

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ENDIN	OR: Aft	B is n
O THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL, DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen efiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	WPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	ERAL I	THR
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James Walt		TTT			2. DATE OF DEATH MONTH 2/8/92	AY YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-34-805	5. SEX	6. AGE (In yrs. last birthdo	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/9/38	8. 1	BIRTHPLACE (Stete or Fore Country)
99. FACILITY NAME (If not instituted to 1531 Nicod	emus Rd.			indsor	EATH	9c. COUNTY	of DEATH roll
RESIDENCE OF DECED 10a. STATE 10k MD	Carroll	10c.	CITY, TOWN OR LOCAL	indsor			10d. INSIDE CITY LIMITS? 1 YES 2 N
1531 Nicod			10	21776		U.S.	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Man 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. ARMED I X YES 2 NO WAR OR DATES	If yes, sp		NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:		. RACE — American Indian Black, White, etc. Specify: White
	NT'S EOUCATION nest grade completed) College (1-4 or 5	(Give kind life. Do NO	T'S USUAL OCCUPATION of work done during month of use retired.) Am fitte	ost of working	16b, KIND OF BU	USINESS/INDUST	TRY
17. FATHER'S NAME (First, Middle James Walt				18. MOTHER'S NA	ME (First, Middle, Meide) Mae Smit		:
19a. INFORMANT'S NAME (Type/ Mrs. Daphi	Print)	Purdum 1	531 Nic	and Number or Rural Odemus	Rd New	wn, State, Zip Co. Wind	sor. MD
20s. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 4 Donation 5 Other (Spe			ATE OF DISPOSITION tory or other place)		1,	OCATION — City	wn MD
21. SIGNATURE OF FUNERAL SE		- Darnsto	Wn Ceme	ND ADDRESS OF EA	CILITY		,
Robert 23. PART I. Enter the disea shock, or heart IMMEDIATE CAUSE (Finel	RVICE LICENSEE K. Pritts,	Sr. at caused tha daath. D	22 NAMEA Pri 412	tts Fun Washin	eral Hom gton Rd.	e & Cl , Wes	hapel tminster,
Robert 23. PART I. Enter the diseashock, pr heart	RVICE LICENSEE K. Pritts, see, or complications the failure. List only one ca	Sr . at caused the deeth. E	22. NAME, A PTI 412	To ADDRESS OF FUNCTION OF THE PROPERTY OF T	eral Hom gton Rd.	Ne & C.	hapel tminster, Approximation interval Bar
Robert 23. PART I. Enter the disease shock, pr heart immediate CAUSE (Finel disease or condition resulting in danth) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	RVICE LICENSEE K. Pritts, see, or complications the fallure. List only one call. a	Sr. at caused the death. Euse on each line. D (or as a consequence of the consequence of	22 NAME A 17 1 412 Do not enter the mo E OF): E OF): E OF): Fastus	Washin and of dying, such	eral Homeral H	NAUTOPSY	hapel tminster, Approximation interval Bar
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23. PART I. Enter the disease shock, or heart immediate cause (Finel disease or condition resulting in death) Sequentially list conditions if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent of the cause of the caus	BONCAL HOSPITAL: 1 Inpatient 280, DATE O (Month). 280, DATE O (Month). 280, DATE O (Month). 280, DATE O (Month).	ST . at caused the death. Euse on each line. D (OR AS A CONSEQUENC CONTROL OF INJURY — At home, fair, etc. (Specify)	22. NAME, A 21. 1 4.12 Do not enter the me E OF): CLUL LL E OF): FLAS JUS Ing in the underlyin 28. P MA 4 Nursing Hor TIME OF INJURY M 1 rm, street, factory, officurred at the time, det	Washin Washin Ode of dying, such Ang Cause given in LACE OF DEATH (C) Residence JOHK? YES 2 NO ce	Part I. 24a. WAS A PERFO 1 YES 1 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, State et of the cause(a) and m	NAUTOPSY PRIMED? INJURY OCCUR	Approximatinterval Bai Onset and Ons

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	must
T.	d, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a
n the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	medical
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IMPORTANT: If item 28 is marke

Paul R.

31. DATE FILED (Month, Day, Year)
FEB 3 '92

Fleury,

MD PA

	FOR 1 - STATE REGISTRAR	STATE OF !	MARYLAND /			T OF H			MENTA	L HYGIEN	E	92		0457	6
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		MEAD	3. TI	ME OF DEATH	
	C. Walton Pilcha	rd							O1	2		992	1:	500	M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE (Mont	OF BIRTH h, Day, Year)		6. BIRTH Country	PLACE	(State or Foreign	
	217-07-3534	12 M 2 □ F	88	3 YRS.	MUNTINS	DATE	nouns	wire.		16/190	3			and	
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY	r, town o	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH		
P.	1604 Cedar Stree	t			Poc	comok	ce Ci	ty			Wor	cest	er		
ភ្ជ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCATI	ION						10d.	INSIDE CITY	_
FUNERAL DIRECTOR	Maryland Worce	ster		Poo	comol	ce Ci					ı		1 🔀	YES 2 NO	
RAI	100. STREET AND NUMBER 1604 Cedar Stree	+				101.	2185				10g. CITI	USA	VHAT (COUNTRY?	
R	11. MARITAL STATUS		T EVER IN U.S. AR	MED	13.	WAS DECI			IC ORIGII	N? (Specify Yes	or No		Ar	nerican Indien,	_
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	MAR OR DATES	10		If yes, spe	city Cuba	n, Maxicar	n, Puarto	Rican, etc.)		Speci	c, Whit ify:	ite	
	15. DECEDENT'S EDUC	CATION	18a, DE	CEDENT'S	USUAL O	CCUPATIO	N N	_	168	. KIND OF BUS	INESS/INC	DUSTRY	WII	I LE	_
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(Gi	ive kind of		during mos		g		tate o			nd		
7	12	College (1-4 of 5		ervi	sor					uveni1					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 0 00				18. MOTI	HER'S NAI		Middle, Maiden					
BE C	Charles W. Pilch	ard					Suz	zan E	E. J	ustice					
10	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRES	S (Street ar	nd Number	or Rural F	Num	ber, City or Tow	n, State, Zip	Code)			
	Hazel T. Pilchar		T						COM	oke Ci					
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE other pla First	ace)							CATION — OMORE				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME AN	D ADDRE	SS OF FAC			2111 22 1				
	De Contto	mels	0=			Melso								~-	
	23. PART I. Enter the disesses, pr	7	at caused the de	sth. Do						ke Cit			218	Approximate	_
	shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ce		9.							****	5.46		Interval Between Onset and Da	
	resulting in death)	^	OR AS A CONSE)F):							_	1		
Z	Sequentially list conditions,	0	nen+14										_		
TIC	If any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE C	OF):								1		
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	O (OR AS A CONSE	QUENCE C	OF):										
F	resulting in deeth) LAST	d													
O	PART II. Other significant condition	s contributing to	deeth but not a	resulting	in the u	nderlylne	COURA	alven In	Part I	24a, WAS AN	AUTOPRY	246	WED	E AUTOPSY FINDIN	109
PHYSICIAN: MEDICAL		_				,				PERFO	RMED?		AVAIL	ABLE PRIOR TO PLETION OF CAUS	
E										1 TYES	NO NO		OF D	EATH?	
Σ									_				1 📋	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	ack only o	vael					_
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE	R:				er (Specify)					
H	27. MANNER OF DEATH	28a. DATE O	F INJURY	28b. TI	ME OF	28c, INJ	URY AT	Bardeline	,,	SCRIBE HOW	NJURY OC	CURED			
ΥP	1 Natural 5 Pending Investigation	(Month,	Day, Year)	l IN	JURY	1 🗆 1	PRK?	□ NO							
TED BY	2 Accident 3 Suicide S Could not be detarmined	28e. PLACE building	OF INJURY — At he	ome, farm,	street, fac	ctory, office	•			CATION (Street or Town, State		or or Rural i	Route i	Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	_											a) and	menner as state	d.
Э	29b SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	ENSE NU	ABER		29d. DA	TE ŞIGNED) (Mon	th, Day, Year)	_
00	Paul R. Heur	1					PZ	48	72		1	129	= /	92	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)															

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 MEGISTRAR'S SIGNATURE Julia Davidson-Randalle

560 Riverside Drive, Salisbury, Maryland



A TW

	1. DECEDENT'S NAME (First, Middle, L	ast)	CERTIFI	CATE OF I		REG. NO.		I a series as a series
	SAMPRA	KAYE	Poarch		'	MONTH DA	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		3. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	DATE OF BIRTH	a, BIF	THPLACE (State or Foreign
	222-34-3848	1 🗆 M 2 💢 F	42 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) /23/50	Cou	W. VA
or h	9a. FACILITY NAME (If not institution,			9b. CITY, TOWN OR	LOCATION OF DEAT		9c. COUNTY OF	F DEATH
TOR	Union Hospit				Elkton			ecil
ZEC.	10a. STATE 10b. CO		10c. CITY	TOWN OR LOCATIO	ON			10d. INSIDE CITY
DIRE	MD	Cecil		Elkto	n			LIMITS?
3AL	10e. STREET AND NUMBER			101, 2	ZIP CODE			F WHAT COUNTRY?
FUNERAL	122 Whiteh				21921		US.	A
	1 Never Married 2 Married		YES 2XXNO	II yes, spec	Ify Cuban, Mexican, I	ORIGIN? (Specify Year Puerto Rican, etc.)	Bi	MCE — American Indian, ack, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES	1 TYES 2	NO Specify:		Sp	White
ETED	15. DECEDENT'S (Specify only highest of	EDUCATION grade completed)		JSUAL OCCUPATION ork done during most		16b. KIND OF BUS	INESS/INDUSTRY	,
LE I	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	•	D. 0.	1	
COMPL	12 17. FATHER'S NAME (First, Middle, Last	1	Pres	ident		Fan C		
	Troy Meado					(First, Middle, Maiden S ane Lill		
BE	19a. INFORMANT'S NAME (Type/Print)	WB	19b. MAILING	ADDRESS (Street and		te Number, City or Town	-	
2	Betty J. Li	11v				r., Elk		
	20a. METHOD OF DISPOSITION 1 Sp Burlel 2 Cremetion 3 .		20b. PLACE AND DATE OF	F DISPOSITION (Name			CATION — Cify or	
	4 Donation 8 Other (Specify)		Gilpin M	an. Mem			Elkto	n, MD
	21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE		COO F	ADORESS OF FACIL	ome, 259	9 F. M	ain St.
	Erluch!	1/CKla	wor		n, MD 2		J 23 • 11	a 211 00 -
IFICATION	iMMEDIATE CAUSE (Final disease or condition	2	T F.1.					
RTIFICATION		DUE TO (O)	R AS A CONSCOUENCE OF	lung die				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (O) C. COT PO OUE TO (O) Alpha-	AS A CONSEQUENCE OF	lung die	ior defici			
A	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue ro to de todos contributing to de	R AS A CONSEQUENCE OF	lung die	ior defici			Onset and D
A	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue ro to de todos contributing to de	AS A CONSEQUENCE OF	lung die	ior defici	rt I. 246. WAS AN A	MED?	Onset and E
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue ro to de todos contributing to de	R AS A CONSEQUENCE OF	lung die	ior defici	rt i. 24h. WAS AN A	MED?	4b. WERE AUTOPSY FINO AMIL ABLE PRIOR TO COMPLETION OF CALL
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificant conditions.	b. Chranic DUE TO (O) C. Cor pour To (O) d. Alpha- Itlons contributing to de	R AS A CONSEQUENCE OF	in his in the underlying of	ior defici	rt i. 24b. WAS AN A PERFORI 1 YES 2	MED?	4b. WERE AUTOPSY FINO AMAIL ABLE PRIOR TO COMPLETION OF CAL OF DEATH?
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A	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	oue ro (or a contributing to de poly cytic	RAS A CONSEQUENCE OF	28. PLAC OTHER: 4 Nursing Home OF 28c. INJUR	ceuse givan in Pa	rt i. 245. WAS AN A PERFORI 1 YES 2	MED?	4b. WERE AUTOPSY FINO AMIL ABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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BALTIMORE, M.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be well	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	withi	plete
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1	1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the feel filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEAD	TH AND ME			
	1. DECEDENT'S NAME (First, Middle, Last		USON	DATE OF DE		REG. NO.) · 92	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 331-20-1203	1 🗆 M 2 🗡 F	78 YRS. "	ONTHS DAYS HOU	MIN.	DATE OF BIRTH (Month, Day, Year)	a. BIR	THPLACE (State or Foreign intry) 1551551PP1
TOB	99. FACILITY NAME (If not institution, give	ND HOSP	TAL	CLIST			PAIN	- 0-
DIRECTOR		nce Georg	les Su	town or Location	,	-		10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 5601 TREGEN 11. MARITAL STATUS	cy Park	#4	20. ZIP C	746		UNIF	WHAT COUNTRY?
B	3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	13. WAS DECENDEN If yes, specify C 1 YES 2	uban, Mexicen, P	ORIGIN? (Specify Yes o werto Ricen, etc.)		CE — American Indian, lick, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) Coflege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of w	orking	16b. KIND OF BUSIN	NESS/INDUSTRY	
		PobiNSO	n	18. M	OTNER'S NAME	First, Middle, Mejden Su	umama)	
TO BE		rinson	7	DORESS (Street and Num	ober or Rupik Route	Nymber, City or Town,	State, ZID Code)	1 My 20746
examiner must be no	20a METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Ren 4 Denetion 5 Other (Specify)	noval from State	PLACE AND DATE OF netery, crematory or othe		/	DATE 200 LOCA 2/8/99 Pil	TION - CITY OF BLU	Town State Ar Kan SOS
	21. SIGNATURE OF FUNERAL SERVICE LI	Edward	ds	3720	0/1.	Silver	es+6	dwards and
the medical	23. PART . Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	Complications that caused List only one cause on e	i the death. Do not ach line.	anter the mode of	dying, auch as	cardiac or respira	tory arrest,	Approximata Interval Between Onset and Death
event,	reaulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:	of Lu	NG	0 1	SEAS	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CO RON)	CONSEQUENCE OF):	RIERY	DISE	A SE	SEAZ	
CERTIF	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSÉQUENCE OF):					
5 .	DART II ON THE INTERNATIONAL TOTAL	ns contributing to death b	ut not resulting in	the underlying caus	e givan in Pari	i. 24e. WAS AN AU PERFORME		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	CARDIAC	ARRHYTH	MIA			1 - YES 2	2.0	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				DEATH (Check o	nly one)		
TYS!	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	atlant 3 DOA 4	THER: Nursing Nome 5				
B a	2 Accident Investigation	(Month, Day, Year) 29e. PLACE OF INJURY	29b. TIME O	WORK? M 1 YES 2	□ NO	LOCATION (Street and		
COMPLETED	4 Nomicide 6 Could not be determined	bending, etc. (Spec	(Y)	- 107.00		City or Town, State)		Houte Number,
	(Check only 2 MEDICAL EXAMINE 29b. SIGNATURE AND TYPLE OF CERTIFIE	ICIAN: To the bast of my knowless: On the basis of axamination	edge, death occurred a	n my opinion, death oc	cured at the time,	date end place, end d	lue to the ceuse	
TO BE	30. NAME AND ADDRESS OF PERSON WIN		MD A (C 29c.	277	44 "	DATE SIGNE	0 (Month, Day, Year)
	RAJ SAMTAN 31. DATE FILED (Month, Day, Year)	MD 91	31 PISC	ATAWRY	RD	CUIN	MON	MD
	JAN 31 1992	Julia Davids	on Randell					
		~						DHMH-16 Rev 1/89

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of Health and Mental Hygiene prior to burlal, cremation, or removal.	-
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

								REG. I			
1. OECEOENT'S NAM	an it has been							2. DATE OF DEATH MONTH JANUARY		XEAR	3. TIME OF DEATH
WALTER K	ELLNER R			.1			1		29, 1		4:25 P _M
184-09-6		6. SEX	6. AGE (In yrs. lest birthday 7.4 YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year		8. BIRT	
9a. FACILITY NAME (/ 4	9b, CIT	Y. TOWN (R LOCATI	ON OF OR	10-12		.7 Pa.	
The second second second			CENTER		ANDREWS AFB, MD				PRINCE GEORGES		
RESIDENCE OF	MALCOLM GROW USAF MEDICAL CENTER RESIDENCE OF DECEDENT						,				
<u> </u>	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?			
Md.	Md. Prince George					zip cop			100 0	TITEN OF	1 YES 2 NO
4	7206 Sheffield Drive				"		074				
11. MARITAL STATUS	merrie.	12. WAS DECEDEN	IT EVER IN U.S. ARMED	13	. WAS DEC	ENDENT (OF HISPAN	NC ORIGIN? (Specify	Yes or No-	14. RAC	E American Indian.
	****	NAR OR DATES			ecify Cube 2℃NO		n, Puerto Rican, etc.)		Spec	ck, White, etc.	
											White
(Spe	5. OECEOENT'S EDU city only highest grade	CATION completed)	18a. DECEDENT (Give kind o life. Do NOT	of work done	during mo		ng	16b. KIND OF	BUSINESS/II	DUSTRY	
Elementary/Secon	dary (0-12)	College (1-4 or 5	+)								
1 2 17, FATHER'S NAME (First, Middle, Last)	<u>5</u> +		nst	uct	and the latest designation of the latest des	HER'S NA	ME (First, Middle, Mail			t_Md.
	ntine Ri	ickert				W100		ha Kellı			
100 INFORMANT'S N			19b. MAILIN	NG ADDRES	SS (Street			Route Number, City or		(ip Code)	
France	es D. Ri	ckert	Sa	ame	as 1	0a.	-10:	f.			
20a. METHOD OF OIS 1 □ Burlel 2 🖎 Cr	POSITION	oval from State	20b. PLACE OF DISP other place)	OSITION (A	lame of ce	netery, crea	natory or		LOCATION -		
4 Donation 6	Other (Specify)		Lee						Clint		
21. SIGNATURE OF F	UNITIAL SERVICE LIC	CENSEE	C+	4 6	NAME A	ND ADDRE	SS OF FA	xander	unera	al H	ome, Inc.
1	sugh /	Tax-	tober	Íc	lin	ton,	Md.	20735	reir	y Ito	aa
Sequentielly list of if any, leading to cause. Enter UND CAUSE (Disease that Initiated ever resulting in death	conditions, immediate SERLYING or injury	b. CORONA DUE TO	OR AS A CONSEQUENCE RY ARTERY D OR AS A CONSEQUENCE OR AS A CONSEQUENCE	ISEAS	SE						
resulting in death	LASI	d									
PART II. Other als	gnificent condition	e contributing to	deeth but not resulting	g in the u	inderlyln	g cause	given in	PER	AN AUTOPS' FORMED?	Y 24	b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFER	RRED TO MEDICAL			_	26. P	LACE OF E	DEATH (Ch	eck only one)			
EXAMINER?	NO	HOSPITAL:	☑ ER/Outpatient 3 ☐ DOA	OTHE		10 5 🗆 R	esidence	6 Other (Specify)			
25. WAS CASE REFER EXAMINER? 1 \(\times\) YES 2 \(\times\) 27. MANNER OF OEAR 1 \(\times\) Netural 2 \(\times\) Accident	TH 5 Pending investigation	28a. DATE Of (Month, (TIME OF	W	IURY AT PAK? YES 2 [] NO	28d. DESCRIBE HO	W INJURY O	CCURED	
	6 Could not be determined	28a. PLACE (building	OF INJURY — At home, farm, etc. (Specify)	n, street, fa	ctory, offic	•		281. LOCATION (Str City or Town, S		per or Rural	Route Number,
one) 2	MEDICAL EXAMINE	ER: On the basis of	f my knowledge, death occu								(a) and manner as stated.
Mu	utce	Elle	n			29c. LIC	ENSE NU	MBER			9 (Month, Day, Year) 29, 1992
ROBERT	C. ALLEN,	MAJOR,						USAF ME			ΓER
31. DATE FILED (Mont	31 1992	32. REGISTR	Davidson-Randa	100							



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	Page	dir.	Jer
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physiclan and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner m
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	E

1 - STATE REGISTRAR	STATE OF		/ DEPARTM			MENTAI	HYGIEN REG. NO	E	0 7	580
1. DECEDENT'S NAME (First, Middle,	Lost)	Rah	erts	ALE OF	DEATH	2. DATE MONTH	OF DEATH		/EAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 473-03-1635	5. SEX	6. AGE (In yrs. I	last birthday) IF U	INDER 1 YEAR THE DAYS	IF UNDER 24 HR	(Month	OF BIRTH , Day, Year) 19-19		Country)	CE (State or Foreign
9a. FACILITY NAME (If not institution, 4525 Sleaf	give street and number) ord Road	75	9b.	CITY, TOWN OF	LOCATION OF		19-19	9c. COUNT		
RESIDENCE OF DECEDEN 10a, STATE 10b, CC	YTAUC			WN OR LOCATION	ON				100	1. INSIDE CITY LIMITS?
Maryland I	Montgomer	C Y	Bet	thesda	ZIP CODE			10a. CITIZE		YES 2 NO
4525 Sleafo	rd Poad				208]	1			II.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES		13. WAS DECE If yes, spe- 1 YES	NDENT OF HIS	PANIC ORIGIN	17 (Specify Ye		4. RACE — Black, W Specify:	American Indian, htte, atc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)			DECEDENT'S USU (Give kind of work of life. Do NOT use reti	done during mos		16b	. KIND OF BU	I (asian _
Elementary to the	4yrs		Jouna:	list			Nat.1	Wild	llif	e Fed.
17. FATHER'S NAME (First, Middle, Les	st)				18. MOTHER'S					
	W. Rober					Bessi				
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADD							
Mary S. Rob	erts		4525 S			d B		cation - c		
4 XDonation 5 Other (Specify) 21. SIGNATURE OF FUNITIAL SETTIN	CE LICEOPHEE		>	Aust 3605	in Ro	yste:	r Fun	eral	Homo	sh. DC
23. PART 1. Enter the diseases alpok, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death)	liure. List only one co		Caree	enter the mod	le of dying,	such sa can	diec or reap	eratory srre	st,	Approximate Interval Betwo
Sequentially list conditions, if any, leading to immediate	G	O (OR AS A CONS	SEQUENCE OF):	-						
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d,	O (OR AS A CONS	SEQUENCE OF):							
CAUSE (Disease or Injury that initiated events	d			ne underlying	ceuse giver	n in Part I.	24a. WAS AI PERFO	RMED?	AM CC OI	MILABLE PRIOR TO MPLETION DF CAUS F DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDIE EXAMINER?	d	to death but no	ot resulting in the	26. PL	ACE OF DEATH	Check only o	PERFO	RMED?	AM CC OI	MILABLE PRIOR TO OMPLETION DF CAUS
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	d	to death but no	ot resulting in the	26. PL FHER: Nursing Hom F 26c. INJ	ACE OF DEATH	I (Check only o	PERFO 1 VES ne) re (Specify)	RMED?	AM CC OI	OMPLETION OF CAUSE F DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDICEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d	ER/Outpatient DF INJURY Day, Year)	ot resulting in the state of th	26. PL FMER: Nursing Hom F WO 1 U	ACE OF DEATH 6 G Reside JRY AT RKY ES 2 NC	i (Check only o	PERFO 1 VES 1 (Specify) SCRIBE HOW	INJURY OCC	AV CC OI 1	MALABLE PRIOR TO DMPLETON DF CAUS F DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investig 3 Suicide 6 Could r determine the condition of the could result in the could r	d	ER/Outpatient DF INJURY Day, Year) OF INJURY — At	ot resulting in the street of	26. PL THER: Nursing Hom F 26c. INJ WO M 1 V N, fectory, office	ACE OF DEATH 6 G Reside URY AT RK? ES 2 NC	28d. DE	PERFO 1 VES 1 (Specify) SCRIBE HOW CATION (Street or Town, State	INJURY OCCI	AMCCO	MALBLE PRIOR TO DAPLETION OF CAUSE DEATH? YES 2 NO NO NO NO NO NO NO NO NO NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

JAN 31 1992

32. REGISTRAR'S SIGNATURE
Julia Savidson-Randell

Rossetia aux

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31. DATE FILED (Morith, Day, Year)

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	FOR 1 - STATE REGISTRAR	S	TATE OF N					EALTH AN DEATH	D ME	NTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Les	it)							2.	DATE OF DEAT			3. TIME OF DEA	TH
			E.	Do	inoc					MONTH	DAY	YEAR		
	Lester 4. SOCIAL SECURITY NUMBER	5, 5	F.		ines					DATE OF BIRTH	29,	1992	825 THPLACE (State or F	A M
					s. last birthday)	IF UNDER	DAYS	HOURS MIT	N.	(Month, Day, Yea	7)	Coun		oreign
Ш	219-01-9736	_ ' 5	M 2 🗆 F	#1 '	72 YRS.				ا ا	July 26	, 19	19 I	<i>l</i> aryland	
	9a. FACILITY NAME (If not institution, give	e street a	nd number)			9b. CITY	, TOWN C	R LOCATION O	F DEATH	4	9c.	COUNTY OF	DEATH	
H.	2456 Worcester	r Hi	ahway			P	ocom	oke				Wor	cester	
5	RESIDENCE OF DECEDENT													
	10a. STATE 10b. COU	NTY			10c. CI	TY, TOWN	OR LOCAT	ION					10d. INSIDE CIT LIMITS?	Υ
DIRECTOR	Virginia Fr	eder	ick		W	inch	este:	r					1 YES 2 .	XNO .
	10e. STREET AND NUMBER						101	ZIP CODE			109	. CITIZEN OF	WHAT COUNTRY?	
3	H C 34, Box 23	9							2260	01		Ţ	JSA	
Z	11. MARITAL STATUS		WAS DECEDEN	T EVER IN II C	ADMED	T 42	Wile DEC			ORIGIN? (Specify	. You as N		CE — American Ind	lan.
FUNERAL	1 Never Married 2 Married		FORCES? 1	X YES 2	□ NO	- 1	If yes, spe	cify Cuban, Me	exican, P	uerto Rican, atc.		Ble	ck, White, etc.	rari,
ВУ	3 ₩ Widowed 4 Divorced		IF YES, GIVE W	_			1 TYES	2X NO S	pecify:			Spe	white	
			WW										will ce	
COMPLETED	15, DECEDENT'S E (Specify only highest gri	nde comp	in plated)	164	(Give kind of	work done	during mo			16b. KIND OF	BUSINES	3/INDUSTRY		
H	Elementary/Secondary (0-12)		Rege (1-4 or 5 -	· .	ille. Do NOT L									
P P	N/A	N/	A	C	onstru	ctio	n la	borer						
Ö	17. FATHER'S NAME (First, Middle, Last)							18. MOTHER'S	S NAME	(First, Middle, Me	iden Suma	me)		
В	Gilbert F. Rain	nes						Mae	e My	vers				
0	19a, INFORMANT'S NAME (Type/Print)	100			19b. MAILIN	G ADDRES	S (Street a			te Number, City or	Town, Sta	te. Zio Code)	,	
2	Committee of the commit				100									
	Crystal Dassle					-				acre, V		22625		
	20a. METHOD OF DISPOSITION 1.X Burial 2 Cremation 3 R	emovel	from State	oth	er place)			netery, crematory	y or	200		N — City or		
	4 Donation 5 Other (Specify)			- 3	Shiloh	Cem	eter	У			Le	hew, V	West Vir	ginia
	21. SIGNATURE OF FUNERAL SERVICE	LICENSI	EE			-		ID ADDRESS O						
	1 5 40	n	11.0					N FUNE						
_	20042	<u> </u>	reis	2						Pocomok				
	23. PART i. Enter the diseases, of shock, or heart fellur					not ente	r the mo	de of dying,	such e	s cardiec or r	eepirato	y arrest,	Approxim	
	IMMEDIATE CAUSE (Final	521 72	,	COC. 20 1.	- 1								Onset er	
	disease or condition		Muna	02010	1 11	10000	- /	~ 40					FEW A	10-
	resulting in death)	a	DUE TO	OR AS A CO	NSEQUENCE	OF):		an					A SAV. O	X 3
_	1		4.4										4	
ó	Sequentielly list conditions,	b		OR AS A CO		OFI:							JEVERAL	NO
A	If any, leading to immediate ceuse. Enter UNDERLYING					,-							-	
CERTIFICATION	CAUSE (Disease or Injury	C	DUE TO	(OR AS A CO	NSEOLIENCE (OE)·								
Ē	that initiated events resulting in death) LAST		DOE 10	(On No A CO	NOLUCLIUL (or j.							j	
E		d												
-	PART II. Other significant condit	lons co	entributing to	death but r	not resulting	In the u	oderlylo	r cause alver	n in Pa	rt I 24a WA	S AN AUTO	DPSV 2	6b. WERE AUTOPSY	FINDINGS
<u> </u>				Good But I	iot resoluting	,	ild Olly III.	y caase give			RFORMED		AWAILABLE PRIO	R TO
음	ASTHMA,	SOL	17							_ 1 🗆 YE	S 2 5	10	COMPLETION OF OF DEATH?	CAUSE
Ā													1 YES 2	NO
-										_				
AN	25. WAS CASE REFERRED TO MEDICAL		·				26 PI	ACE OF DEATH	H. //Check	nnh nnel				
\overline{c}	EXAMINER?	H	SPITAL:			OTHE	D.				1/			
ΥS	1 X YES 2 NO	1 [Inpatient 2				1			Other (Specify				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH		(Month, L	Pay, Year)	28b. Ti	ME OF	28c. IN.	DRK?	2	8d. DESCRIBE H	OW INJUR	Y OCCURED		
BY	1 Natural 5 Pending 2 Accident Investigation	on				М	1 🗆	YES 2 NO	0					
	3 Suicide 6 Could not	be	28e. PLACE C	of INJURY — I	At home, farm	, street, fac	ctory, offic	• .	2	81. LOCATION (S	treet and N	lumber or Rura	I Route Number,	
H	4 Homicide determined		Junuing,	and (obscult)						City or Town,	PIGITY/			
COMPLETED	29a. CERTIFIER													
d P	(Check only													
ō	2 MEDICAL EXAM	WNER: O	n the beels of a	na notination an	d/or investigat	tion, In my	opinion, o	leath occured a	it the tim	ne, data and plac	e, and du	to the cause	e(a) and manner as	stated.
EC	296. SIGNATURE AND TITLE OF CERTI							29c. LICENSE	E NUMBE	ER	290	. DATE SIGN	ED (Month, Day, Yea	r)
ä	hut 17	10	w 1	0				200	200		N		20 00	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Lulia Savidson Pands DR

DHMH-16 Rev 1/89



	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF	HEALTH AND F DEATH		HYGIENE REG. NO.			
-	1. DECEDENT'S NAME (First, Middle, L.	KAIPh	Ro	the	Ve11	2. DATE OF MONTH	6 9	year 024		
)	214-14-1352	5. SEX 8. AGE	E (In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR		7. DATE OF (Month, D	ey, Ybar)	B. BIRTHPLACE (State or For Country)		
1	9e. FACILITY NAME (If not institution, g		70	9b. CITY, TOW	/N OR LOCATION OF	7/3/ DEATN		MD NTY OF DEATN		
Стоя	.Union Hospita	1			cton		3	Cecil		
EG.	RESIDENCE OF DECEDENT 10a. STATE 10b. CO	UNTY	10c. CIT	Y, TOWN OR LO	CATION		10d. INSIDE CITY			
DIRE	MD	Cecil		Elkto				LIMITS?		
3AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?		
FUNERAL	44 Hollingsw	orth Manor			21921			USA		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1XXVES	S 2 NO	If yes,	DECENDENT OF HISP, specify Cuben, Mexic (ES 2 XNO Spec	cen, Puerto Rica	Specify Yes or No— in, etc.)	14. RACE — American India Black, White, etc. Specify: White		
TED	15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	18e. DECEDENT'S	USUAL OCCUPA	ATION most of working	16b. Kif	ND OF BUSINESS/IND	USTRY		
LET	Elementary/Secondery (0-12)	College (1-4 or 5+)		work done during se retired.)	most or working					
COMPL	17. FATNER'S NAME (First, Middle, Last)		Fo	reman	10 MOTURNIO A	AME (5) - 15(4)	Chemica	11		
ш	Mavfield Hol					v Rot	lle, Malden Surneme)			
0 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street			City or Town, State, Zip	Code)		
-	Sarah A. Rot	hwell	44	Hollir	ngsworth	Mano	r, Elkto	on, MD 21		
	20e. METHOD OF DISPOSITION 1x Burlel 2 Cremetion 3 5 4 Donetion 5 Other (Specify)	Removal from State C6	b. PLACE AND DATE	ther place)		OATE	20c. LOCATION —			
	21. SIGNATURE OF FUNERAL SERVICE	LICONSEE	ethel C	22. NAME	Y 2/1	ACILITY		eake City,		
Gee FuneralHome, 259 E. M. Elkton, MD 21921										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST				CARDI		NT ULAR DI	SEASE		
CAL	PART II. Other algnificent condit	ions contributing to death	but not resulting	In the underly	ring cause given in	Part I. 24	. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FI AMILABLE PRIOR		
MED						1(YES 2 NO	OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28.	PLACE OF DEATH (C	heck only one)				
YSI	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	Ipatient 3 DOA	OTHER:	ome 5 - Residence	8 Other (Sp	ecify)			
	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		URY	NJURY AT WORK?	28d. DESCRI	BE NOW INJURY OCC	URED		
BY	2 Accident Investigation	28e PLACE OF IN HID	Y — At home ferm		YES 2 NO	201 1 201710	A. (0)			
밀	4 Homicide 8 Could not determined	outlaing, etc. (Soe	ecify)	arrest, rectory, or	nice .	City or To	wn, State)	or Rural Route Number,		
COMPLE	2 MEDICAL EXAM	IYSICIAN: To the best of my know	wledge, death occurr on end/or investigatio	ed at the time, do	ate end place, end du	e to the ceuse(e e time, date and) and menner ee state place, end due to the	od. o cause(e) end manner ee s		
B	29b. SIGNATURE AND TITLE OF CERTI	· las Pl			29c. LICENSE NU	MBER	29d. DATE	SIGNEO (Month, Day, Year)		
2	30. NAME AND AODRESS OF PERSON	WHO COMPLETED CAUSE OF OR	EATN (ITEM 27) (Type	Print)	EIN	KTON	m	1 2191		
	31. DATE FILED (Month, Day, Year) FEB 0 7 'S	2 32. REGISTRATES SIGN	NATURE	lesse				u alla		

(2 v.t.)

BALTIMORE, MARYLAND 21215-0020 fer death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the buriat-transit permit. Property all examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIREC	10a. STATE Maryland 10c. STREET AND NUMBER 122 Pheasa 11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Dive (Specify on Elementary/Secondary () 3 17. FATHER'S NAME (First, A) Dav 19a. INFORMANT'S NAME () POLLY A. R
ALTIMORE, death. Page 6 may be tuneral director, page i. examiner must be		20a. METHOD OF OISPOSIT 1 X Burlel 2 Cremette 4 Donation 5 Other 21. SIGNATURE OF FUNERA
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been sometimed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Defit, or health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART i. Enter the dahock, or himmediate CAUSE (Fideline and continuous and co

1 - FOR STATE REGISTRAR		STATE OF M				OF HEALTH A		NTAL HYGIEN				
1. DECEDENT'S NAME (First, MELVIN	Middle, Lest)	OSE						DATE OF DEATH MONTH D		(EAR	TIME OF DEATH	1
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR IF UNDER 24	HRS. 7.	DATE OF BIRTH		BIRTHPLA	CE (State or Fore	eign
225-12-974		1 📉 M 2 🗆 F	72	YRS.				4	1919	West	Virgin	
						OWN OR LOCATION TIMORE	OF DEATH	1	9c. COUNTY	Y OF OEATI	Н	
THE JOHNS		NS HOSPIT	AL						BALT:	IMORE	CITY	
10a. STATE	10b. COUNTY			10c. CITY	TOWN OR	LOCATION				100	1. INSIDE CITY	
Maryland	Ceci	1		Ell	kton					15	LIMITS?	10
10e. STREET AND NUMBER 122 Pheasas	nt Dri	ve				101. ZIP CODE 21921			U.S.	N OF WHAT	COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 X		12. WAS OECEDENT FORCES? 1 IF YES, GIVE W	X YES 2	ARMED NO	11 y	S DECENDENT OF Hea, specify Cuban, M	fexicen, P	ORIGIN? (Specify Yes uerto Rican, atc.)		I. RACE — A	American Indian	٦,
3 Widowed 4 Divor	DENT'S EDUC	World V	Var II				ареслу.			Specify:	white	
(Specify only Elementary/Secondary (0-	highest grade	completed) College (1-4 or 5 +)		DECEDENT'S ((Give kind of willife. Do NOT use	JSUAL OCC ork done dur retired.)	UPATION ing most of working		16b. KIND OF BUS	SINESS/INDUS	TRY		
3		College (I-4 of 3.7)		Road 1	orem	an		Highway	Admi	nistr	ation	
17. FATHER'S NAME (First, Mic		mas Rose				18. MOTHER		(First, Middle, Maiden rmilda Mi	,			
19a. INFORMANT'S NAME (Ty				19h MAILING	ADDRESS /	Street and Mumber or		Number, City or Town				
Polly A. Ro	ose							1kton, M				
20a. METHOD OF OISPOSITION 1 M Burlet 2 Cremetion 4 Donation 5 Other	3 🗆 Remo	vel from State	20b. PLAC cemetery, C	EANDDATEO	meter	ON (Name of		/-5	ion, M			
21. SIGNATURE OF FUNERAL	SERVICE LICI	ENSEE			22. M	reas appress	OF FACILITY	Y Funeral	s. PA			
Donas	<u> </u>	Hick	ra		E.	lkton, MI	21	kton Stre 1921-5521				
23. PART i. Enter the dis	seaaea, or co art failure. L	omplications that list only one caus	caused the deep on each lie	death. Do no ne.	ot enter th	e mode of dying	, auch as	a cardiac or reapi	ratory arres	t,	Approximat	
iMMEDIATE CAUSE (Find disease or condition		1- 1+	1.0.	_	1 100	C 1					Onaet and	
resulting in death)		. Malt				1 Carl	une				109	p
Sequentially list condition		Pacu DUE TO	MO A CONS	EQUENCE OF							Jus!	Es_
If any, leading to immed cause. Enter UNDERLYIF	1G	Seps		EGGENCE OF	•					İ	Δ,	7
CAUSE (Disease or injur that initiated events reaulting in death) LAST	'	DUE TO (OR AS A CONS	EOUENCE OF)	:						ow	71
reading in death, the				-								
PART II. Other algnificar	conditions	contributing to	death but not	reaulting in	the unde	riying cause give	n in Pari				RE AUTOPSY FIN	
chronic	obst	ructive	pula	20141	4	Disease		PERFOR		CON	ILABLE PRIOR TO IPLETION OF CA	
			1								VES NO	5
											0	
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	26. PLACE OF DEAT	H (Check o	only one)				
1 YES 2 NO		Inpatient 2		3 DOA	4 - Nursing	Home 5 - Reside	ence 8 🗆	Other (Specify)				
1 Natural 5 F	ending	28s. DATE OF I (Month, Day		28b. TIME	RY	IC. INJURY AT WORK?		d. DEŞCRIBE HOW II	NJURY OCCUR	RED		
3 Suicide 8 C	could not be	28a. PLACE OF building, a	INJURY — A1 I	home, 1erm, st	reet, factory	, office	281	I. LOCATION (Street a City or Town, State)	nd Number or	Rural Route	Number,	
an convicien	EYING PHYSIC	TAN: To the heat of	m. kmandadaa	4				Case in Citizat				
		EAN: To the best of n								ause(a) end	I menner aa stat	ted.
296. SIGNATURE AND TITLE	OF CERTIFIER	100				29c. LICENS	ENUMBER	7 . 0	29d. DATE SI	IGNEO (Mor	nth, Day, Year)	
80. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	E OF DEATH (IT	EM 27) (Type, I	Print)	0	407	710	- 4	131/	46	
David	7 1-	to1+	Joh	ins t	toph	ins H	Spi	tal				
FEBO 5 92)	92. REGISTAAR	Son-Ran	delle	V		C					
		0									OHMH-18 F	Rev 1/89

3. TIME OF DEATH

DNMN-18 Rev 1/89

92

1 - FOR STATE REGISTRAR

	9e. FACILITY NAME (If not institution, give	street end number)			Y, TOWN OR LOCA			· · · · ·	Gordon Y OF DEATH	, PA
OT:	Union Hospital			E11	ton			Ceci	1	
DIRECTOR	10e. STATE 10b. COUN			10c. CITY, TOWN	OR LOCATION				SIDE CIT	
	Delaware New (Castle		Newark	10f, ZIP CO			I I State of the second		ES 2 🛚
FUNERAL	1411 Old Baltimo	ore Pike			1970			USA	N OF WHAT CO	UNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 K NO		WAS DECENDENT	OF HISPANIC ORIG	GIN? (Specify Yee or No— 14. RACE — Amer Black, White, Specify:			ricen inc
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) Unknown	UCATION le completed) Collège (1-4 or 5+)	(Giv	EDENT'S USUAL (e kind of work done Do NOT use retired.)	during most of work	ding	b. KINO OF BUS		STRY	
DW.	17. FATHER'S NAME (First, Middle, Last)		Iro	n Worker			Constru			
S W		Richards				THER'S NAME (First				
m	190. INFORMANT'S NAME (Type/Print) 190. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
5	Edith M. Richards 1411 Old Baltimore Pike, Newark, DE 197									
	200. METHOD OF DISPOSITION OF DISPOSITION (Name of									
	1 Dispusition 5 Other (Specify) OATE OAT									
	23. PART I. Enter the diseases, or	1/		F	22 W. Ma	. Jones	Newark	DE.	19711	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
EDICAL CE	PERFORMED?									JTOPSY I LE PRIOF
Σ							1 TYES 2	рд но	OF DEAT	H?
4	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
SICIAN:	EXAMINER? 1 YES 2 NO 1 No SPITAL: 1 VES 2 NO									
YSICI			ontient 3	2004 A 17 AV		seldence 8 🗆 Oth	er (Specify)			
PHY			-	2004 A 17 AV		28d. DE	SCRIBE HOW IN	JURY OCCUP	RED	
ED BY PHY	1 UPS 2 NO 27. MANNER OF DEATH Netural 5 Pending	1 Supported 2 ER/Out	- At hom	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2	28d. DE				ber,
ETED BY PHY	1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	1 Supportent 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spe ICIAN: To the best of my know	At hom	DOA 4 Nut 28b. TIME OF INJURY M e, farm, street, fact	eing Nome 5	NO 281. LOCATION Control of the care of th	SCRIBE HOW IN CATION (Street e. or Town, State)	nd Number or	Rurel Route Num	
ЕВ ВУ РНУ	1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	ledge, death	DOA 4 Nur 28b. TIME OF INJURY M e, farm, street, fact h occurred at the trestigation, in my of	eing Nome 5 R 28c. INJURY AT WORK? 1 YES 2 Ory, office	NO 281. LOCATION Control of the care of th	SCRIBE HOW IN CATION (Street e. or Town, Stete)	nd Number or	Rural Route Num	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

	HO
y Alli	TO BE COMPLETED BY FUNERAL DIRECTOR
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ows any injury, or other traumatic event, the me	N N
marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	BY PHYSICIAN: MEDICAL CERTIFICATION
23	A
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ark	>
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4 Homicide

COMPLETED

BE

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rs.											92	2 04585	
FOR STATE REGISTRAR		STATE OF N	WARYLAND /				HEALTH AND	MENTA	L HYGIE		J L	. 04000	
1. DECEDENT'S HAME (First	, Middle, Last)				107	-			OF DEATH			3. TIME OF DEATH	
CATHERIN		REISER						MONT	^{тн} 3	199	YEAR	12:35AM M	
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	at birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	-	OF BIRTH	133		HPLACE (State or Foreign	
217-01-9390		1 □ M 2XXF	87	YAS.	MONTHS	DAYS	HOURS MIN.	1	th, Day, Year)	1904	Mar	yland	
9a. FACILITY NAME (If not in					9b. CITY,	, TOWN	OR LOCATION OF	DEATH		· 9c. COU	COUNTY OF DEATH		
Wesleyan He		are Center Denton Car								Caro	line		
RESIDENCE OF DEC	10b. COUNTY	10c. CITY, TOWN OR LOCATION										10d. JHSIDE CITY	
Mary1and		albot Easton									LIMITS?		
•												1XXYES 2 NO	
									1		WHAT COUHTRY?		
802 N. Was	802 N. Washington St. 21601								U	ISA			
	Never Merried 2 Merried FORCES? 1 YES 2XXVO If yes, specify Cuben, Mexicen, Puerto Rican, etc.) Black, Wh. 1 YES 2 XXVO 1 YES 2 XXV								E — American Indian, ck, White, etc. city: White				
	15. DECEDENT'S EDUCATION 166. DECEDENT'S USUAL OCCUPATION 166. KIHD OF BUSINESS/INDUSTRY								HILLO				
(Specify only highest grade completed) Elementary/Secondary (0-12) 8 (Give kind of work done during most of working life. Do NOT use retired.) Sales Clerk Appare1													
17. FATHER'S HAME (First, M	H-felia Logi)						16. MOTHER'S	MARK /Float					
										M Sumeme;			
Jerome B.				a - Ub-				h War					
19a. IHFORMANT'S HAME (Type/Print)		19)b. MAILIH	G ADDRESS	3 (Street	and Number or Rur	nel Route Nun	nber, City or To	own, State, Zij	p Code)		
John J. Rei:			_				igton St	. Ea	iston.				
20a. METHOD OF DISPOSIT 1	on 3 🗆 Remo	oval from State	of cemetary	y, cremator	TE OF OISP ry or other p	place)	(Name	1 -6		LOCATION -			
21. SIGNATURE OF FUHERA		ENSEE	1 341	III III	22.	HAME A	ND ADDRESS OF		ا ا	Sim	WIII	21001	
+ Joh	5 nt	· mi	ERCER	200	1		nam Fune S. Harr			Easto	n. M	D 21601	
23. PART I, Enter the d		complications the	at coused the d	leath. Do								Approximate	
shock, or h iMMEDIATE CAUSE (Fil disease or condition		List only one car	la Gei		,		200	- 0	_			Onset and Death	
resulting In death)	→ ,						OIFE	apre					
		DUE IC	O (OR AS A CONSE	EOUENCE C	OF):								
Sequentially list conditions, leeding to imme	ediste	DUE TO	OR AS A CONSE	OUENCE (OF):	T						-	
cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events	ury	c. DUE TO	O (OR AS A CONSE	EOUENCE (OF):								
resulting in death) LAS		d											
PART II. Other eignific	ant condition	s contributing to	death but not	resulting	In the ur	nderlylr	ng cause given	in Part I.		AN AUTOPSY	240	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
									1 TYES	2 200		COMPLETION OF CAUSE OF DEATH? 1 YES NO	
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		PLACE OF DEATH	(Check only	one)				
1 TYES 2 NO			☐ ER/Outpatient	3 DOA	4X Nu		me 5 🗆 Residen	ca 6 🗆 Ott	her (Specify)				
-	Pending Investigation	26a. DATE Of (Month, i	F INJURY Day, Year)	26b. TI	IME OF NJURY M	W	JURY AT ORK? YES 2 HO	28d. Di	EȘCRIBE HO	W INJURY OC	CURED		
2 Accident 3 Suicide 8	Could not be	26e. PLACE (OF INJURY — At h	iome, farm.	, street, fac	tory, offi	ce		CATION (Stre		er or Rural	Floute Number,	

1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion,

to the cause(s) and menner as stated.

296, SIGNATURE AND PITCE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SINED (Month, Day, Year) 033768 192 3

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. HAME AND ADDRESS OF

P.D. B 660 CORWIN Mos

52. REGISTRAR'S SIGNATURE JAN - 6 1992

1		-	STATE	A
ļ	1.	0	ECEDENT'S	N

STATE REGISTRAR		С	ERTIF	ICATE OF	DEA	ГН	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las							2. DATE OF DEATH MONTH DA	Y	YEAR :	3. TIME OF DEATH
Agnes Mari		Shearen							2	3:50 P
067-30-5020	5. SEX 1 M 2 X F	6. AGE (In yrs. Ia	YRS.	MONTHS DAYS	HOURS	24 HRS.	Jan. 15, 193	37	s. BIRTHP	LACE (State or Foreign
9a. FACILITY NAME (If not institution, given by Memorial Ho	street and number)			9b. CITY, TOWN		ON OF DI	EATH		TY OF DEA	ATH
RESIDENCE OF DECEDENT				Easto	n	_		Tal	bot	
Memorial Ho RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland 7	Talbot			Michae						Od. INSIDE CITY LIMITS? YES 2 14 NO
100. STREET AND NUMBER				101	. ZIP COD	E		10a CITIZ		AT COUNTRY?
100. STREET AND NUMBER 211 Clevels 11. MARITAL STATUS					21663			U.S		
3 Widowed 4 X Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 V	RMED NO	If yes, sp	ENDENT Decify Cuba	n, Maxice	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No-	14. RACE - Black, ' Specify:	- American Indian, White, atc. White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 19a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use retired.) 19b. KIND OF BUSINESS/INDUSTRY										
15. DECEOENT'S EL (Specify only highest gre Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)		Cha	ase N	<i>l</i> anhatter	1 Ban	k	Cleric	eal		
	tenhouse						me (First, Middle, Meiden S Gaynor	Sumame)		
THE INCOMMENT OF THE PARTY OF T		19	b. MAILING	ADDRESS (Street a		-	Poute Number, City or Town	State Zin i	Corfel	
Mary R. Roe			211 (Cleveland	l Rd.		Michaels,	Mary	yland	
1 Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	movel from State	20b. PLACE comptery, cre	AND DATE	of disposition (Na cremator		Jan	22, 1992 D	OVer		
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	0		22. NAME AN	O ADDRES	S OF FA	CILITY			- Carrat C
+ Houser &				312 S.	Tal	bot	eonard Fune St. St. Mi	chael	Is. N	ld. 21663
23. PART I. Enter the diseases, or shock, or heart feliure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO	COMPLE (DR AS A CONSEI	ast	Be Ce	7		h sa cerdiac or respir	atory arre	st,	Approximate Intervel Between Onset and Deat
Sequentially flat conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	(OR AS A CONSEI								
PART II. Other algoriticent condition	ons contributing to	deeth but not a	reaulting	in the underlying	ceuse g	iven in	Pert I. 24a. WAS AN A PERFORM	NEO?	O O	ERE AUTOPSY FINDINGS MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH				26 01	ACE DE DE	ATH /Ch	ock only one)			
EXAMINER?	HOSPITAL:	FR/Outpetlant 2	□ 2004	OTHER:						
27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM			sidence	6 Other (Specify) 28d. OESCRIBE HDW IN.	ILIBY OCCI	IDEO	
1 Natural 5 Pending 2 Accident Investigation			INI	M 1 Y	RK? ES 2	ND	and organise how in	JOHY OCCU	INCU	
3 Sulcide 4 Homicide Could not be determined 29a. CERTIFIER (Check only one) MEDICAL EXAMIN	28a. PLACE Of building,	F INJURY — At ho- etc. (Specify)	me, term, s	street, factory, office			28t. LOCATION (Street en City or Town, State)	d Number o	Rural Rout	te Number,
29a. CERTIFIER (Check only one) MEDICAL EXAMIN	SICIAN: To the best of a	my knowledge, de	ath occurre	ed at the time, data	and place,	and due	to the cause(s) and mann	er aa stated	ı.	On the Section 1
296 SIGNATURE AND TITLE OF CERTIFIE				n, in my opinion, de						
della	Juve	UMI)		29c. LICE	SE NUM	BER YTY	29d. DATE :	2/	onth. Day, Year)
Donald T I.					000 1	\/Ic	10md 01004		- 1	
Donald T. L	32. REGISTRAF	R'S SIGNATURE		ve. East	OII,	viary	Tand Z1601			

ached for use as the burial-transit permit. Pages 1, 2, 3 should tuscital or attending physician. AND 21215-0020 TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must have

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

I come to Brown and

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BALTIMORE, MARYLAND 21275,0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to the control physician. s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mount is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mount is certificate by the last hand Mental Hygiene prior to burial, cremation, or removal. so, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mounts because the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mounts because the certificate has been signed by the attending the property of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nutilined at once.

	REGISTRAR 1. DECEDENT'S NAME (First, Middle	fle. Last)			ERTIF	ICATE	UF	DEA	IH		REG. NO).	_		
	EVELYN		BRYAN SEWELL								2. DATE OF DEATH MONTH DAY YEA			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	January 29 1				8. BIRTHPLACE (State or Foreign	
	213-18-4121		□ M 2 XXF	71	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)	0	Coun	ryland	
	90. FACILITY NAME (If not institution	on, give stree	of and number)			9b. CITY	, TOWN C	OR LOCAT	ION OF OR				COUNTY OF DEATH		
DIRECTOR	Memorial H	lospi	ital a	East	on	F	East	On				To	1ho	4	
EG	10a. STATE 10b.		_	Y, TOWN C						1 12	100				
DIR	Maryland			Mic		11-100						10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER							. ZIP COD)E	100 CITIZEN OF V				1 X YES 2 NO	
ER.	208 East Che	ew Av	enue					216	563			100.01	USA	WIN COUNTRY	
FUNERAL	11. MARITAL STATUS		2. WAS DECEDEN	T EVER IN U.S. /	ARMED	13.	WAS DEC	ENDENT	OF HISPAN	IIC ORIGII	N? (Specify Ye	or No-	14. RAC	E — American Indian,	
ВУ	1 Never Married 2 Merrie 3 XXVidowed 4 Divorced	ed	IF YES, GIVE W	AR OR DATES	JNO		If yes, ap	2 X NO	nn, Mexice Specify	n, Puerto	Rican, etc.)		Spec	ck, White, etc.	
	15. DECEDENT	T'P EDUCAT	PION											White	
1	(Specify only highe	est grade cor	mpleted)		DECEDENT'S (Give kind of title. Do NOT ut	Work done o	during mo	ON ost of work	ing	16t	. KIND OF BU	SINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12)		College (1-4 or 5 +	,	ustom					u	Vaverly	v Dre			
COMPLETED	17. FATHER'S NAME (First, Middle, L	Last)			ab com		1 / 1		HER'S NA		Middle, Malden		333		
BE C	Joseph C. Br	ryan,	Jr.						dia			Surreme)			
TO B	19a. INFORMANT'S NAME (Type/Prin	int)		1	19b. MAILING	ADDRESS	(Street e	nd Numbe	r or Rural F	loute Num	ber, City or Tow	n, State, Zi	o Code)		
F	Joseph E. And	lrew			Rt.1	Bcx.	507-	-11 F	ea N	leck,	St. I	Micha	els.	, MD 21663	
	20e. METHOD OF DISPOSITION	☐ Remove	from State		E AND DATE		ITION (No	me of		OAT	E 20c. LO	CATION -	City or To	own, State	
	4 Donation 5 Other (Specify)									s. MD 21663					
	22. NAME AND ADDRESS OF FACILITY Newnam Filteral Home														
	200 S. Harrison Street, Easton, MD 21601														
	23. PART I. Enter the disease	as, or con	plicetione that	caused tha	leath. Do r		200	S. F	larri	son	Street	t, Ea	Stor	Approximate	
Z	23. PART I. Enter the disease abock, Dr heart for immediate Cause (Final disease or condition resulting in death)	as, or con allure. Lis	plicetione that	caused tha c se on each lir	leath. Do r	not anter	200	S. F	larri	son	Street	t, Ea	rast,		
TIFICATION	23. PART I. Enter the disease shock, or heart fe iMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	as, or con allure. Lis	Emplose to only one cau Emplose TO, DUE TO, OUE TO OUE TO	caused tha caused that caused	eouence of	not anter	200	S. F	larri	son	Street	t, Ea	astor	Approximate interval Between Onset and Death 3 919/3	
CERTIFICATION	23. PART I. Enter the disease abock, pr heart for immediate course (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	as, or con allure. Lis	Emplose to only one cau Emplose TO, DUE TO, OUE TO OUE TO	coused that consider the consider as a consideration as	eouence of	not anter	200	S. F	larri	son	Street	t, Ea	astor	Approximate interval Between Onset and Death	
N: MEDICAL CERTIFICATION	23. PART I. Enter the disease shock, or heart fe iMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	as, or conaliure. Lie a c d nditions c	DUE TO OUE TO OUT TO OU	caused that caused in the constant of the cons	PEOUENCE OF	not anter	200 tha mod	S. I	larri	son	Střée:	AUTOPSY IMED?	rast,	Approximate interval Between Onset and Death 3 919/3	
MEDICAL	23. PART I. Enter the disease shock, or heart for immediate Cause (Final disease or condition reaulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions.	as, or conaliure. Lie a c d anditions c	DUE TO OUE TO OUT TO OU	caused that caused in the constant of the cons	PEOUENCE OF	not anter	200 tha mod	S. I	larri Ing, such	SON as card	Střée: Střée: 24a. WAS AN PERFOR 1 □ YES 2	AUTOPSY IMED?	rast,	Approximate interval Between Onset and Death 3 9(9/3) . WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
MEDICAL	23. PART I. Enter the disease shock, or heart fill MEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentieity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant con	as, or conaliure. Lie a c d nditions c	DUE TO OUE TO OUT TO OU	Coused the case on each life on each life on each life on each life on as a consider the consideration of the cons	SEQUENCE OF PROJECT OF	orten	200 tha moderlying	S. I	Jarri Ing, such given in I	Part I.	Střée: diac or respi	AUTOPSY IMED?	rast,	Approximate interval Between Onset and Death 3 9(9/3) . WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
MEDICAL	23. PART I. Enter the disease shock, or heart for immediate Cause (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions, if any leeding in death and in the conditions of the conditions of the cause of the c	as, or conaliure. Lie a c d nditions c	DUE TO OUE TO OUT TO	Caused tha case on each ling of the consideration o	death. Dp rana.	orther	derlying	S. I	larri Ing, such	Part I.	Střée: diac or respi	AUTOPSY IMED?	24b	Approximate interval Between Onset and Death 3 9(9/3) . WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
PHYSICIAN: MEDICAL	23. PART I. Enter the disease shock, or heart fill MAEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions, if any, leeding in death) LAST	as, or conaliure. Lie a c d HCAL H 11	DUE TO OUE TO OUT TO OU	Caused tha case on each ling of the consideration o	BEOUENCE OF TESTINGS TO THE STATE OF THE STA	orther	26. PL.: ing Home	S. I	given in I	Part I.	Střée: diac or respi 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	24b	Approximate interval Between Onset and Death 3 9(9/3) . WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the disease shock, or heart fill MEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentieity list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions in the signif	as, or conaliure. Lie a b d d ICAL H 11	DUE TO OUE TO OU	Caused tha case on each ling of the consideration o	death. Dp ring.	OTHER 4 Nurse of unity	26. PL.: ing Home	S. I da of dy ACE OF D S = Re REY AT RK? RES 2	given in I	Part I.	Střée: diac or respi 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	24b	Approximate interval Between Onset and Death 3 yins Were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
ETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the disease shock, pr heart far immediate Cause (Final disease or condition reaulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions, if any leeding in death) LAST 25. WAS CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Heturel 5 Pending Investig and Suicide 8 Could referred to the conditions of the c	as, or conaliure. Lie a b c d mical H 11 Mg gation not be sined 3 PHYSICIAI	DUE TO OUE TO OU	Caused tha case on each life (OR AS A CONSICOR AS A CONSIC	death. Dp r na. 4 EOUENCE OI EOUENCE OI FOUENCE OI Tesuiting T	OTHER 4 Nurse E OF URY M	26. PL.::ing Home 28c. INJL UT I UT	S. I da of dy ACE OF D S = Re URY AT RK? end place	given in I	Part I.	24a. WAS AN PERFOR 1 YES 2 ATION (Street a or Town, Stete)	AUTOPSY IMED? NJURY Oct and Number	24b CORED r or Rural I	Approximate interval Between Onset and Death 3 919/3 D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the disease shock, pr heart far immediate Cause (Final disease or condition reaulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions, if any leeding in death) LAST 25. WAS CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Heturel 5 Pending Investig and Suicide 8 Could referred to the conditions of the c	as, or conaliure. Lie a	DUE TO OUE TO OU	Caused tha case on each life (OR AS A CONSICOR AS A CONSIC	death. Dp r na. 4 EOUENCE OI EOUENCE OI FOUENCE OI Tesuiting T	OTHER 4 Nurse E OF URY M	26. PL.::ing Home 28c. INJL UT I UT	S. Inda of dy	given in I	Part 1. Part 1. Che only on 22d. Des 22d. Loc. City to the cause ime, date	24a. WAS AN PERFOR 1 YES 2 ATION (Street a or Town, Stete)	AUTOPSY MED? NJURY Oct and Number easted did due to the	24b CURED r or Rural I	Approximate interval Between Onset and Death 3 919/3 D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
ETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the disease shock, or heart fellow, or heart fellowers for insent fellowers. If immediate cause or condition reaulting in deeth) Sequentieity list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions, if sny, leeding in desth) LAST 25. WAS CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending investig a Significant of the support of the sup	as, or conaliure. Lie a	DUE TO OUE TO OU	Caused tha case on each life (OR AS A CONSICOR AS A CONSIC	death. Dp r na. 4 EOUENCE OI EOUENCE OI FOUENCE OI Tesuiting T	OTHER 4 Nurse E OF URY M	26. PL.: ing Home 28c. INJL 29ry, office	S. Inda of dy	given in i	Part 1. Part 1. Che only on 22d. Des 22d. Loc. City to the cause ime, date	24a. WAS AN PERFOR 1 YES 2 ATION (Street a or Town, Stete)	AUTOPSY MED? NJURY Oct and Number easted did due to the	24b CURED r or Rural I	Approximate interval Between Onset and Death 3 919/3 D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	

the first in the second

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)		Sieve			2. DATE	OF DEATH		rean .	3. TIME OF DEATH				
	Emmeline	Larrabee		Feb	ruary		92	12:09 A MM						
	565-36-0578	1 □ M 2 XXF 76	in yrs. last birthday) YRS,	MONTHS DAY	8 HOURS MIN.	(Mont	of BIRTH h, Day, Year) 6-1915	*	Gountr Countr	PLACE (State or Foreign				
DIRECTOR	9e. FACILITY NAME (If not institution, give at Memorial Hosp RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	ital at Ea		East		DEATH	M.	Talbot						
	Maryland Talb	ot	Michae					10d. INSIDE CITY LIMITS? 1 YES 2 X NO						
FUNERAL	100. STREET AND NUMBER 202 Quail Hollow				101. ZIP CODE 21663			10g. CITIZE	HAT COUNTRY?					
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO						or No- 14	— American Indian, , white, atc.					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 2.	CATION completed) Callege (1-4 or 5+)	16a. DECEDENT'S (Give kind of w iiie. Do NOT use Housewi:	ork done during retired.)	ATION most of working	16b	KIND OF BUSI	NESS/INDUS	TRY					
00	17. FATHER'S NAME (First, Middle, Last) Howard C. Larrab		MH		18. MOTHER'S N			umame)						
BE	19a. INFORMANT'S NAME (Type/Print)	ee	I m mann		Maria		•							
0	Sharon E. Siever		1400 S	. Joyce	St., Apt	A8.	ber, City or Town. 13, Arl	ingto	n,	VA 22202				
	206. METHOD OF DISPOSITION 1 Gurlet 2/CACremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Eastern Shore Crematorium 2-7 Georgetown, DE													
	21. SIGNATURE OF FUNERAL SERVICE LIC	MERLER			nam Fune:			eston	MI	21601				
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, another cause of part failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) a. METASTATIC (OLON (ANCER) DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL CER	PART II. Other algorificant conditions RENAL FAILURE Like partic Failure	contributing to death bu	it not resulting in	the underly	ing cause givan ir	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2X NO			24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)								
IXSI	1 YES 2 NO 27. MANNER OF DEATH	10 Inpetient 2 - ER/Outpe	Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Resi					sidence 6 🗆 Other (Specify)						
	1XXNaturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY	NJURY AT WORK? YES 2 NO	28d, DE\$	CRIBE HOW INJ	URY OCCUR	ED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Special	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETE	2 MEDICAL EXAMINER	IAN: To the best of my knowle : On the basis of examination	dge, death occurred	at the time, d	ite and place, and du	to the cause time, date	se(s) and manne and placs, and o	or as stated.	ouse(a)	and manner as stated.				
TO BE	296. SHOMATURA AND THE OF CHEMISTR	8		29c. LICENSE NU	MBER		29d. DATE SIGNED (Month, Day, Year) 2 / 6 / 9 2							
-	30. NAME AND APPRESS OF PERSON WHO ROBERT MOIT				EAS	TON								
	SOBERT Melti 506 Idlewild AVE EASTON MD 21601 31. DATE FILED MADE DON MORT 1992 32. REGISTRATES SIGNATURE PRODUCE TEB. 2011 1992 32. REGISTRATES SIGNATURE PRODUCE TO STORY MORTH 1992													

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pre-6 minor TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, age be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

-IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

	REGISTRAR C	ERTIF	ICATE OF	DEAT	H UNA	REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Last)	3. TIME OF DEATN											
	James Rogers Soll	ere			- 1-	2. DATE OF DEATH	YEAR						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In		IF UNDER 1 YEAR	IF UNDER 2		7. DATE OF BIRTH	7 19	8. BIRTHPLACE (State or Foreign					
	216-10-1618 1X M 2 □ F 85	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)	_	Country)					
	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN (OR LOCATION	N OF OFA	10-4 -190	_	Maryland COUNTY OF GEATH					
H	Momorial Hospital at Fact				N OF OLD								
5	Memorial Hospital at Easto	n	East	on			Ta	1bot					
DIRECTOR	10a. STATE 10b. COUNTY	10c. CiT	TY, TOWN OR LOCAT	TION				10d. INSIDE CITY					
	Maryland Talbot	Tr	appe					1XX YES 2 NO					
M	10e. STREET AND NUMBER			ZIP CODE			10g. CIT	IZEN OF WHAT COUNTRY?					
4	3873 Main Street		2	1673			U	SA					
FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X	RMED	13. WAS DEC	ENDENT OF	HISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE — American Indian,					
ВУ	1 Never Married 2 XXMarried FORCES? 1 YES 2 YES 3 Widowed 4 Divorced FORCES? 1 YES 2 YES 2 YES 3 Widowed 4 Divorced	G _O			Specify:	Puarto Rican, etc.)		Black, White, atc.					
								White					
巴	(Specify only nighest grade completed)	Give kind of	USUAL OCCUPATION work done during mo	ON st of working		16b. KIND OF BUS	INESS/INC	DUSTRY					
٦	College (1-4 of 5 +)	e. Do NOT u											
COMPLETED	11 1 Sa.	les A	gent			Farm C		cal					
8	James Gibbons Sollers					E (First, Middle, Maiden :	,						
B						th Englan							
2						ute Number, City or Town							
	20a METNOD OF DISPOSITION				Trap	pe, Md. 2							
	A Burial 2 Cremation 3 Ramoval from Stata cemetery, cr	ematory or o	OF DISPOSITION (Ne other place)			1		City or Town, Stata					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	eham	Chapel C	emete	TY DE EACH	1-10 Lusb	y, M	D					
	M. E. Dereyans My C.					Home							
		- 51	200 5	. Har	risc	n St Fa	ston	. MD 21601					
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate												
	IMMEDIATE CAUSE (Final)												
	disease or condition resulting in death) a. Alexendratic curous of a 15-10 years												
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequentially list conditions,												
F	If any, leading to immediate cause. Enter UNDERLYING	OUENCE O	F):					N. 1					
윤	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSE	OHENCE O	D.										
CERTIFICATION	resulting in deeth) LAST												
5	4.												
DICAL	PART II. Other significent conditions contributing to death but not	resulting	In the underlying	ceuse giv	en in Pa	PERFORI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
8	Mour obstude	401	Pulle	0	7	1 TYES 2		COMPLETION OF CAUSE OF DEATH?					
ME	Observe	_	2.2	1 TES 2 NO									
ä						- 1							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PL OTHER:	ACE OF DEA	TH (Check	only one)							
YS	1 YES 2 NO Tripetlant 2 ER/Outpetlent	□ DOA		5 🗆 Rasid	dence 6	6 Other (Specify)							
표	27. MANNER OF DEATH 1 X Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	26b. TIM INJ	E OF 28c, INJU		2	8d. DESCRIBE HOW IN	JURY OCC	CURED					
à l	2 Accident Investigation			ES 2	NO								
	3 Suicide 6 Could not be determined determined	ome, larm, s	street, lactory, office		2	 LOCATION (Street ar City or Town, State) 	et and Number or Rural Route Number,						
E													
COMPLETED	29s. CERTIFIER (Check-only Check-only Check-	eth occurre	ed at the time, data	and place, as	nd due to	the cause(a) and mann	or an state	ed.					
S.	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
H	295 SIGNATURE AND TITLE OF CERTIFIER		. 1 . 1	29c. LICENS	SE NUMBE	ER O	29d. DATE	E SIGNED (Month, Day, Year)					
	Mulleures) ST MC	11	11/2	05	274	+04		1/7/92					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH OTE	М 27) (Туре,	Print)										
	Lawrence D. Bohan, M.D., Dutch	mans	Lane, E	aston	, MD	21601							
	31. DATE FILED (Month, Day, You) JAN 8 1992 32. REGISTRAR'S SIGNATURE	י מל											
	JAN - 8 1992 Some muridson	-Navia	وللاك										

- Dames and & M.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

is the burial-transit permit. Pages 1, 2, 3 should nding physician. TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be led within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at

15-0020

BALTIMORE, MARYL

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

James Ronald Smith 01 21

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH														
	James		Smith								992	0715 AM			
	4. SOCIAL SECURITY NUME	4. SOCIAL SECURITY NUMBER		SEX 8. AGE (In yrs. I		ast birthday)IF UNDER 1 YEA				7. DATE OF BIRTH (Month, Day, Year)			8. BIRTI	IPLACE (State or Foreign	
	216-76-6253 9e. FACILITY NAME (If not institution, give		1 X 34 2 □ F	3	4 YRS.	MONTHS	DAYS	HOURS	MIN.	7-17			Count	Md.	
~	9a. FACILITY NAME (If not in		9b. CITY	r, TOWN	OR LOCATI	ON OF DE			9c. COU	NTY OF C	1 P 307 Y				
0	Race Track	Rd. &	Old Cha	pel Ro	ad	Ŀ	Вc	wie				Pri	nce	Georges	
DIRECTOR	Race Track Rd. & Old Chapel Road RESIDENCE OF DECEDENT 100. STATE 100. COUNTY						OR LOCA	TION						10d. INSIDE CITY	
8	Md.	Ţ	Inno	~ M	arlb						LIMITS?				
AL	10e. STREET AND NUMBER	pppe		1. ZIP COD				10a, CIT	IZEN OF V	1 ☐ YES ★☆★O					
EB	5301 Map	20772 USA													
FUNERAL	11. MARITAL STATUS	T EVER IN U.S.	U.S. ARMED 13. WAS DECENDENT			CENDENT C	F HISPAN	IC ORIGIN? (S	pecify Yea	or No-					
ВУ	1 Never Married 2 🔯		FORCES? 1 IF YES, GIVE V	WAR OR DATES	ATES XXX			ecity Cube	n, Maxicar Specify	n, Puerto Ricer	1, etc.)		Snectly		
		EDENT'S EDU	CATION	1										White	
COMPLETED	(Specify only Elementary/Secondary (0	highest grade	completed)		(Give kind of the Do NOT u	work done	during mo	ON ost of workin	ng	18b. KIN	D OF BUS	SINESS/INC	DUSTRY		
4	1 2	-12)	College (1-4 or 5	•)		room					Dora	i	D = = =	. m	
O	17. FATHER'S NAME (First, Mi	iddle, Last)			0.	LOOK	ı	18. MOTI	HER'S NA	WE (First, Middl			Race	Track	
BE C	James Fr	ancis	Smith					100,000		anor			nev		
	19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	ADDRES:	S (Street a	and Number		loute Number, C					
2	James F.	Smith	1					0a-							
	20a, METHOD OF DISPOSITI	ON Bem	oval from State	20b. PLA	CEANDDATE	OF DISPOS	ITION /Ne	ame of 1	-24-	9 2ATE	20c. LO	CATION —	City or To	wn, Stata	
	1 Burlel 2 Crematio			Mt.	crematory or c	me1	Cen	nete	ry		Up	per	Mar	rlboro	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	1		22.	NAME A	ND ADDRES	SS OF FAC	штьее	Fun	era	I H	ome, Inc.	
	Aluti	CA	In-C	2.		8	Clir	ton	, Md.	2073	ier 35	rer	ry H	κοαα	
	23. PART I. Enter the diseases, pr complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Batturen														
	IMMEDIATE CAUSE (Fin	ort ranure.	ciet billy blie cau	iae on each i	ine.									Interval Between Onset and Death	
	disease or condition resulting in death) s. Multiple injuries DUE TO (OR AS A CONSEQUENCE OF)														
	DUE TO (OR AS A CONSEQUENCE OF):														
ON	Sequentially list condition		b. DUE TO	(OB AC A CON	2501151105.0										
ATI	If any, leading to immediate cause. Enter UNDERLYING														
프	CAUSE (Diseese or Injusting that initiated events	ry S	cDUE TO	(OR AS A CON	SEQUENCE O	F):									
CERTIFICATION	resulting in death) LAST	2	d												
	PART II. Other significer	nt condition	s contributing to	death but no	et requiting	In the co	al a ab day		dun or e						
EDICAL			- contributing to	death but no	r reauting	g in the underlying cause given in i				Part I. 24s. WAS AN AUTOPSY PERFORMED?			246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
						1X YES 2 NO			COMPLETION DF CAUSE OF DEATH?						
Σ.									_	-				1 🔀 YES 2 🗌 NO	
NA I	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	EATH (Che	ck only one)		-			
PHYSICIAN:	EXAMINER? 1 [XYES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER	1:			Kother (Spi	no(64) O 1	n st	ree	t	
동	27. MANNER OF DEATH		28a. DATE OF (Month, Di		28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIB					
BY		Pending nvestigation	01 21	1992	7:1	NJURY WORK?			NO p	Padastrian struck has as to				k hy outo	
	3 Suicide a 🗌 C	straet, fact	irest, factory, office 2				Pedestrian struck by auto 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
E.		atermined	l on	stre	et							k& 0	1d (hapel Rds	
COMPLETED	29a. CERTIFIER t CERTI	FYING PHYSI	CIAN: To the best of	my knowledge,	death occurre	d at the ti	me, date	and place,	and dua t	o the cause(s)	and mann	ner aa stat	ed.		
Š I	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.														
m ii	296. SIGNATURE AND TITLE	1						29c. LICE	NSE NUME	BER	Т	29d. DATE SIGNED (Month, Day, Year)			
TO B	Monald &							0.0	С.М.	Ε.		▶ 0	1 21	1992	
	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (IT	TEM 27) (Туре,	Print)									
	Donald G. 31. DATE FILED (Month, Day, M.	Wrig		DIO 6107	111 P	enn	St	reet	, Ва	altim	ore	Mar	vla	nd 21201	
			JZ. HEGISTRA	R'S SIGNATURE											
- 11			_												

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7 T T

D		ince George	's Cam	p Spr	ings			1 🗆	YESX 2X XNO
Z Z	10e. STREET AND NUMBER			101. 2	P COOE		10g. CITI	ZEN OF WNAT	
ER	5114 Barto	Avenue			20746			USA	
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Novidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OAT	U.S. ARMED 1:	If yee, specif	DENT OF HISPANIC O by Cuben, Mexicon, Pu XNO Specify:	RIGIN? (Specify erto Rican, etc.)	IKGIN? (Specify Yee or No- prito Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White		
ED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16e. DECEDENT'S USUAL (Give kind of work don	OCCUPATION	of working	166. KIND OF I	BUSINESS/IND	USTRY	MILLE
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Metall	.)		Nav	al Re	esearo	h Lab
TO BE COM	17. FATHER'S NAME (First, Middle, Last)		18. MOTNER'S NAME (First, Middle, Melden St				len Sumeme)		
	S.C. Snodgr	ass	Lucy McKinstry						
	19e. INFORMANT'S NAME (Type/Print)			Number or Rural Route		Town, State, Zip	Code)		
	Shirley Fren		Sam	e As	10a10				
	N Muriel 2 ☐ Cremetion 3 ☐ Rer 4 ☐ Donetion 6 ☐ Other (Specify)		PLACE AND DATE OF DISPO tery, crematory or other place Ft Linco	In Co	motorri	P	rentv	City or Town, Si	13
	21. SIGNATURE OF FUNERAL SERVICE L	Ret St		Clint	Old Ale	20735	er rer	rry Ro	ne,Inc.
CERTIFICATION	23. PART Enter the diseases, or shock, or haert failure. IMMEDIATE CAUSE (Finei disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Pulma DUE TO (OR AS A O DUE TO (OR AS A O DUE TO (OR AS A O C. Septice	CONSEDUENCE OF:	Edebino	ma	Ede	ma	•	Approximate Interval Betwee Onset and Dea
MEDICAL	PART II. Other significant condition Dyspha Feding to	. Chrom c	obsta	ındariying c	ausa givan in Part	i. 24a. WAS	AN AUTOPSY DRMED?	24b. WERE AWAIL COMP DF DI	E AUTOPSY FINDING: ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\subseteq NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE	E OF DEATN (Check on	ly one)			
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpat	Nort 3 DOA 4 No	R:	5 ☐ Residence 6 ☐				
ВУ РНУ	27. MANNER DF OEATN 1 Netural 5 Pending 2 Accident Investigation	28e. OATE DF INJURY (Month, Day, Year)	28b. TIME DF INJURY M	28c. INJURY WORK? 1 YES	AT 28d.	OESCRIBE NOV	V INJURY OCC	UREO	
0	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE DF INJURY - building, etc. (Specif)	At home, ferm, street, fe	ctory, office	281.	LOCATION (Stree City or Town, Sta	et end Number (te)	or Rural Route N	lumber,
COMPLET	(Check only one) 2 MEOICAL EXAMIN	SICIAN: To the best of my knowled ER: On the besie of exemination	dge, death occurred at the end/or investigation, in my	time, date end opinion, death	I place, end due to the cocured at the time,	date end place,	and due to the	ed. e cause(s) end :	menner ee stated.

32. REGISTRAR'S SIGNATURE

ha Savidson-Randace

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

CHEVERLY

FOR STATE REGISTRAR

IRECTOR

10e. STATE

1. DECEDENT'S NAME (First, Middle, Last)

327 – 05 – 5815

9e. FACILITY NAME (If not institution, give street a

10b. COUNTY

PRINCE GEORGES

RESIDENCE OF DECEDENT

31. DATE FILED (Month, Day, Year)

27 1992

4. SOCIAL SECURITY NUMBER

THOMAS W. SNODGRASS

1 M 2 F

HUSPITAL

6. AGE (in yrs. last birthday)

83

CENTER

5. SEX

92 04591

8. BIRTHPLACE (State Country)

9c. COUNTY OF DEATH,

PRINCE

Missouri

8:15 pm

YEORGES

Approximate Interval Between Onset and Death

10d. INSIDE CITY LIMITS? 1 TE9X2XX10

REG. NO.

2. DATE OF OEATH DAY

7. DATE OF BIRTH

14 79 park

and by detached for use as the burial-transit permit. Pages 1, 2, 3 should ned by the hospital or attending physician. MARYLAND 21215-0020 notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must in BALTIMO DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	HEALTH AND	MENTAL	HYGIEN REG. NO		
	1. OECEDENT'S NAME (First, Middle, Last) F. I. M.E. R	BENFORD		SMITH		2. DATE (OF DEATH	AY Y	3. TIME OF DEATH 2 5:14 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	6	BIRTHPLACE (State or Foreign
	219-12-2669	1 🔀 M 2 🗆 F 67	YRS.	MONTHS DAYS	HOURS MIN.	05-2	26-192	4 Ma	aryland
Œ	9a. FACILITY NAME (If not institution, give st			9b. CITY, TOWN C	OR LOCATION OF	DEATH	-	9c. COUNTY	Y OF DEATH
FUNERAL DIRECTOR	Suburban HOSPI	TAL		BETHES	DA		- 13	MONTG	OMERY
REC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION				10d. INSIDE CITY
ā		e George's			Ade:	lphi			LIMITS?
3AL	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
NE	7804 Adelphi Cour				20783			U.S.A	A
FU	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IF FORCES? 1 X YES	2 NO	13. WAS DEC	ENDENT OF HISPA ecity Cuben, Maxic	ANIC ORIGIN?	(Specify Yealcan, atc.)	or No 14	. RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Olvorced	IF YES, GIVE WAR OR DO		1 🗌 YES	2 NO Spec	Hy.			Specify: White
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATIO	ON	16b,	KIND OF BUS	SINESS/INDUS	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during mos se retired.)	st of working				
MP		Years	Communic	ation Or	peration '	Tech C	& P T	elepho	one Company
	17. FATHER'S NAME (First, Middle, Last)	C ! +1.			te. MOTHER'S N				
BE	Oswald S.	Smith	405 4544 440	4000000		Edna	С.	Suit	
9	Hilda C. Smith			Adelphi Adelphi					
	200. METHOD OF DISPOSITION	206	PLACE AND DATE O	OF DISPOSITION (No.	me of	DATE	200 1.00	CATION CIT	or Town Clat-
. 1	1 Donation 5 Other (Secret)	1 /9	etery, crematory or of etery, crematory or of etery.	ther place) Shington	Cemeter	ry 1-2	4-92	Adelph	ni, Maryland
-	21. SIGNATURE OF FUNERAL SERVICE LIC	blesder /		22. NAME AN	ID ADDRESS OF E	ACII ITV			
	1/ art 18	1 Dwent	-						Home, P.A. Le, Md. 20781
	23. PART I. Enter the disesses, or c	omplicatione that caused List only one cause on ea	the deeth. Do n	not enter the mor	de of dying, suc	ch as cerdi	ec or reapi	ratory arrest	Approximete
	IMMEDIATE CAUSE (Final disease or condition	.ist only one cause on e	o () -	T	e			interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	hest	Inj	MILL	57		
z				,	U				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	ን:				V	
2	CAUSE (Disease or Injury		COMPLETION OF						
Ē	that initiated events			74.					
144	resulting in death) LAST	DUE TO (OR AS A		্):					
	resulting in death) LAST	J							
		J			j cause given in	Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
	resulting in death) LAST	J			g cause given in			MED?	
	resulting in death) LAST	J			j cause given in		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	J		in the underlying			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant conditions	contributing to death be	ut not resulting in	in the underlying 26. PL/	ACE OF DEATH (C)	heck only one)	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: Input lent 2	ut not recuiting in	26. PL OTHER: 4 Nursing Home E OF 28c. INJU	ACE OF DEATH (C)	heck only one)	PERFORI	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	ut not reculting in	26. PL OTHER: 4 □ Nursing Home E OF 28c. INJU	ACE OF DEATH (C/	heck only one) 6 Other (26d. DESC	PERFORI	MED? NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation investigation 3 Suicide 6 Could not be	HOSPITAL: Inpetient 2 PR/Output 26s. DATE OF INJURY (Month, Day, Year)	etient 3 DOA 28b. TiMe 13 15 At home, ferm, si	26. PLI OTHER: 4 Nursing Homse E OF	ACE OF DEATH (CF) 5 Residence TRY TES 2 NO	6 Other (26d. DESC AUTO 26f. LOCAT	PERFORI	MED? NO NO NO NURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined	HOSPITAL: Inpetient 2 EP/Output 28e. DATE OF INJURY O 1 / 1 2 / 9 2 28e. PLACE OF INJURY	etient 3 DOA 28b. TiMe 13 15 At home, ferm, si	28. PL OTHER: 4 Nursing Home E OF 28c. INJU URY WOF A M 1 Y itreet, factory, office	ACE OF DEATH (CF) 5 Residence TRY TES 2 NO	6 Other (26d. DESC AUTO 26f. LOCAT City or	PERFORITION (Specify) RIBE HOW IN AUT (TOON (Street e) Town, State)	MED? NO NO NO NURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC Check only 1 CERTIFYING PHYSIC Check only 1 CERTIFYING PHYSIC CONDITIONS TO CONDITIONS TO CERTIFYING PHYSIC CONDITIONS TO CERTIFY THE CERTIF	HOSPITAL: Impatient 2 P ER/Output About 1	etlent 3 DOA 29b. TIME INJU 3:15 At home, ferm, st STREE edge, death occurre-	26. PL/ OTHER: 4 Nursing Home E OF	ACE OF DEATH (C) 5 GReeldence TRK7 (ES 2 NO end place, end due	beck only one) 6 Other (26d. DESC AUTO 26f. LOCAT City or NEW	PERFOR YES 2 Specify) RIBE HOW IN AUT TON (Street eight) HAMP Reference and manual man	MED? NO NO NUMPY OCCUR O IMP nd Number or F SHIRE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ROPER ACT Rural Route Number, AT RIGGS RI
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: Impatient 2 P ER/Output About 1	etlent 3 DOA 29b. TIME INJU 3:15 At home, ferm, st STREE edge, death occurre-	26. PL/ OTHER: 4 Nursing Home E OF	ACE OF DEATH (C) 5 GReeldence TRK7 (ES 2 NO end place, end due	beck only one) 6 Other (26d. DESC AUTO 26f. LOCAT City or NEW	PERFOR YES 2 Specify) RIBE HOW IN AUT TON (Street eight) HAMP Reference and manual man	MED? NO NO NUMPY OCCUR O IMP nd Number or F SHIRE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FDRCES? 1 I IF YES, GIVE WAR	YES 2 N	RED	If yes, s	CENDENT OF HISPA specify Cuben, Mexic S 2 NO Specific	an, Puerto R	(Specify Yes o	or No-		— America c, White, etc.	
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		(Gh	EDENT'S US to kind of wor Do NOT use i		IDN nost of working	16b.	KIND OF BUSH				
17. FATHER'S NAME (First, Middle, Last THOMAS SPENCER					16. MOTHER'S N			umame)			
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20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3	Removal from State	other plan	ce)	IDN (Neme of a	emetery, cremetory or			ATION — C		wn, State	TT A
4 Donation 5 Other (Specify) 1. Superior of Funeral Service BRINS 23. PART i. Enter the diseases,	or complications and cure. List only one	Hused the fee on each line.	ASTAT	BRIM P.O. t enter the m	AND ADDRESS OF FISFIELD F BOX 279 code of dying, su ON CARCI	UNERA , LEO	NARDTO	WN, 1	MARY	Appr	roximata vai Betw
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		SARA	lice Porte	r Schafe	r	2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH	
(P		4. SOCIAL SECURITY NUMBER 2 / 9-32-2500	1 - M 2 F 8	7 YRS. Is UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cr	HPLACE (State or Foreign Virginia	
	STOR	99. FACILITY NAME (If not institution, give s AUG US DURG LU RESIDENCE OF DECEMENT	1	refielded BI	TOWN OR LOCATION OF I	M D	9c. COUNTY OF I	DEATH	
THE STATE OF THE S	DIRECTOR		BALTO	10c. CITY, TOWN O	L TO			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
020 physician. burial-transit permit	FUNERAL	1312 Brixton	i i		101. ZIP COOE 212		10g. CITIZEN OF	A-	
1215-0020 r attending physician. use as the burial-trar	BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISP/ If yee, specify Cuban, Mexic I _ YES 2 NO Spec	can, Puerto Rican, etc.) elly:	Spec	white.	
2121 al or atte for use a	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation 18/ Completed) 18/ College (1-4 or 5+)	DECEDENT'S USUAL OF GIVE kind of work done of HOMETITE RET	CUPATIOR ETITE JUING MOST OF WORKING / Clerk-Ty Sec. 18 1/12	d 166. KIND OF BU	Govern	nent	
YLA by the be der	BE COI	17. FATHER'S NAME (First, Middle, Last) OANI CH COR	TER		ALI	AME (First, Middle, Melden C+ FRG	15		
MA retain 5 sho notifi	70	Alice S. Weber	-Daughter		(Street and Number or Rura ton Road,	Route Number, City or Tow	rn, State, Zip Code)	1239	
OR MOR		20e. METHOO OF DISPOSITION 1	cometer Chr	ACE AND DATE OF DISPOSE y, cremetory or other place) ist Churc	h Cemeter	OATE 20c. LO	CATION — City or To		
- 9 - 0		21. SIGNATURE OF FUNERAL SERVICE LIG	rola, In	ζ. P	Arehart F .O. Box 5	uneral Ho	ta Md		
cecuted within 24 hours after and completely filled in by the burlal, cremation, or removatic event, the medical		23. PART I. Enter the diseases, or o shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the lat only one cause on each	ladde ca		ch sa cardisc or reap	ratory srrest,	Approximate interval Between Onset and Death	
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w requires that the deal been signed by the att but, of Health and Menta shows any Injury,	: MEDICAL	PART II. Other algnificant condition	contributing to death but n			en In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The law URECTOR: After this certificate has b nours after death with the State Dept tem 28 is marked, or Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetier	OTHER	28. PLACE OF DEATH (C)				
ON OF V DING PHYSICIA After this certification with the marked, or	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Yeer)		28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW II	YJURY OCCURED		
DIVISION OR ATTENDING IN DIRECTOR: After thours after death item 28 is mar	ETED 8	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — A building, atc. (Specify)	it home, ferm, street, facto	ory, office	261. LOCATION (Street a City or Town, State)	nd Number or Rural F	Route Number,	
DIV HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	EIAN: To the best of my knowledge I: On the basis of examination and	e, death occurred at the til d/or investigation, in my of	me, date and place, end du	e to the cause(e) end man	ner as stated, d due to the ceuse(r	i) and menner as steted.	
TO THE HOSPITAL (TO THE FUNERAL De filed within 72 h	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	200		29c. LICENSE NU		29d. DATE SIGNEO		
	-	30. NAME AND ADDRESS OF PERSON WHO		o Park H	eights Ave	Balt. 1	ND 71	208	
		EED 1 0 97	Constant Design	n- Rendelle					

RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Chers burg 10c. CITY, Town OR LOCATION Chers burg 10d. Street and number 11d. MARITAL STATUS 11d. Marital S	Black, White, atc. Specify: SS/INDUSTRY WELL DAR Black, White, atc. Specify: SS/INDUSTRY WELL DAR SS/INDUSTRY WELL DAR ON — City or Town, State
A. SOCIAL SECURITY NUMBER S. SEX S. AGE (In yrs. last birthday) FUNDER 1 YEAR FUNDER 24 IMS. T. DATE OF BIRTH (Myrip), Day Year)	a. BIRTHPLACE (State or Country) Maryland c. COUNTY OF DEATH Baltimore 10d. INSIDE CTI LIMITS? 1 □ YES 2 (2) A. NO. 14. RACE — American Ind Black, White, atc. Specify: Limits Specify: Li
Be. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 10e. CITY, TOWN OR LOCATION OF DEATH 10e. STREET AND NUMBER 10f. ZiP Gobe 10f. ZiP	Country Maryland c. COUNTY OF DEATH Baltimore 10d. INSIDE CTI LIMITS? 1 □ YES 2 0 10g. CITIZEN OF WHAT COUNTRY? 1 □ YES 2 0 14. RACE — American Ind Black, White, atc. Specify: Little SS/INDUSTRY 10d. INSIDE CTI LIMITS? 1 □ YES 2 0 10d. INSIDE CTI LIMITS? 1 □ YES 2 0 10d. INSIDE CTI LIMITS? 1 □ YES 2 0 10d. INSIDE CTI LIMITS? 1 □ YES 2 0 10d. INSIDE CTI LIMITS? 1 □ YES 2 0 10d. INSIDE CTI LIMITS? 1 □ YES 2 0 10d. INSIDE CTI LIMITS? 1 □ YES 2 0 10d. INSIDE CTI LIMITS? 1 □ YES 2 0 10d. INSIDE CTI LIMITS? 1 □ YES 2 0 10d. INSIDE CTI LIMITS? 1 □ YES 2 0 2 □ YES 2
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RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION A C C C C C C C C C C C C C C C C C C	10d. INSIDE CIT LIMITS? 1 YES 2 © 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indibleck, White, etc. Specify: Latter SS/INDUSTRY 10d. INSIDE CIT 11 YES 2 © 10 YES 2 © 10 YES 2 © 10 YES 2 © 10 YES 2 © 11 YES 2 © 12 YES 2 © 12 YES 2 © 12 YES 2 © 13 YES 2 © 14. RACE — American Indibleck, White, etc. 15 YES 2 © 16 YES 2 © 17 YES 2 © 17 YES 2 © 17 YES 2 © 18 YES 2 © 18 YES 2 © 18 YES 2 © 19 YES 2 © 19 YES 2 © 19 YES 2 © 10 YES 2 © 10 YES 2 © 10 YES 2 © 11 YES 2 © 11 YES 2 © 12 YES 2 © 13 YES 2 © 14 YES 2 © 15 YES 2 © 16 YES 2 © 17 YES 2 © 17 YES 2 © 18 YES 2 © 18 YES 2 © 18 YES 2 © 19 YES 2 © 10 YES 2 © 11 YES 2 © 12 YES 2 © 12 YES 2 © 13 YES 2 © 14 YES 2 © 15 YES 2 © 15 YES 2 © 16 YES 2 © 16 YES 2 © 16 YES 2 © 17 YES 2 © 17 YES 2 © 18 YES 2
106. STREET AND NUMBER 980BTONIA C+ 11. MARITAL STATUS 11. Mover Married 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 X VES 2 NO If YES, GIVE WAR OR DATES 13. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or I If yes, specify Cuben, Markean, Puarto Rican, etc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16. DO NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malcen Sum 190. INFORMANT'S NAME (First, Middle, Malcen Sum 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, St 10 Densation 1 Ones (Type/Print) 10 Densation 2 Other (Specify) 20 Densation 3 Removal from State 21 Sum Addition (Completed) 22 NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseasee, or complications that couled the deeth, Do not enter the mode of diving such as excelled or medicated.	LIMITS? 1 YES 2 D 10 YES 2 D 11 RACE - American Ind Black, White, atc. Specify: SS/INDUSTRY White 10 Aft 10 A
10. STREET AND NUMBER 10. ZIP CODE 10. ZIP CODE 10. ZIP CODE 10. ZIP CODE 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. MAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or I If yea, apocing Cuban, Marican, Puarto Rican, etc.) 17. PORCES? 1 Yes 2 NO 18. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or I If yea, apocing Cuban, Marican, Puarto Rican, etc.) 18. Was December of Hispanic Origin? (Specify Yea or I If yea, apocing Cuban, Marican, Puarto Rican, etc.) 18. Was December of Hispanic Origin? (Specify Yea or I If yea, apocing Cuban, Marican, Puarto Rican, etc.) 18. Was December of Hispanic Origin? (Specify Yea or I I Yes 2 NO Specify: Use I Yes 3 NO	og. CITIZEN OF WHAT COUNTRY? A - 14. RACE — American Ind Black, White, atc. Specify: White SS/INDUSTRY Well DAR one, Zip Code) Ty Land / 21784 ON — City or Town, State
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15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (0-12) 10. None 10. Decedent's usual occupation (Give kind of work done during most of working life. Do NOT use retired.) 10. MOTHER'S NAME (First, Middle, Last) 10. MOTHER'S NAME (First, Middle, Maiden Surn 10. MOTHER'S NAME (First, Middle, Last) 10. MOTHER'S NAME (First, Middle, Last) 10. MOTHER'S NAME (First, Middle, Maiden Surn 10. MOTHER'S NAME (First, Middle, Last) 10. MOTHER'S NAME (First, Middle, Last) 10. MOTHER'S NAME (First, Middle	SS/INDUSTRY WHO IN TO SEED TO
19a. INFORMANT'S NAME (Type/Print) Mary Georgianna Shipley 19b. Malling Address (Street and Number or Rural Route Number, City or Town, So 980 B. Tonia Ct. Eldersburg, Mary 20a. METHOD OF DISPOSITION 1 (A Burlal 2 Cremation 3 Removal from State Densition Cameral Company or other place) 1 Signature of Funcial Spirice License 20b. PLACE AND DATE OF FUNCIAL Spirice License 21 Signature of Funcial Spirice License 22. NAME AND Address of Facility Burrier Funeral Home Winfield, Maryland 217 23. PART I. Enter the disease, or complications that coursed the deeth, Do not enter the mode of dying such as cardiac or resolvate.	ete, Zip Code) Ty Land / 21784 ON — City or Town, State
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Mary Georgianna Shipley 980 B. Tonia Ct. Eldersburg, Mar 20e, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 20b, PLACE AND DATE OF DISPOSITION (Name of 1) 20c, LOCATION 20d, PLACE AND DATE OF COMPANY (Place) WOO CLAWN Cemetery 22. NAME AND ADDRESS OF FACILITY Burrier Funeral Home Winfield, Maryland 217 23. PART I. Enter the diseasee, or complications that could the deeth, Do not enter the mode of dying such as cerdian or resolvation.	yland 21784 ON - City or Town, State
200. LOCATE Donation S Other (Specy)	ON - City or Town, State
Position 5 Other (Specify) WOOLIAWN Cemetery 22. NAME AND ADDRESS OF FACILITY Burrier Funeral Home Winfield, Maryland 217 23. PART I. Enter the disease, or complications that couled the death. Do not enter the mode of dwing such as certiles or resolvate.	moro Magazia
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Winfield, Maryland 217 23. PART I. Enter the disease, or complications that couled the death, Do not enter the mode of dying such as cardiac or markets.	
23. PART I. Enter the disease, or complications that coursed the deeth, Do not enter the mode of dying, such as cardiac or manifestors.	28.4
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events B. Respiratory ARRES (DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	960) (10) in de
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.	u 3day
PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTO	
Renol Failure.	COMPLETION OF
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one) The stammer? 1 YES 2 NO 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)	
1 YES 2 NO 1.2 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Recidence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY 29. TIME OF 29. INJURY OF	
III 1 Natural 5 Pending	Y OCCURED
2 Accident Investigation Investigation	
3 Suicide e Could not be detarmined 28s. PLACE OF INJURY — At home, farm, streat, factory, office 28s. LOCATION (Street and N City or Town, State)	umber or Rural Route Number,
29a. CERTIFIER	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner at money and manner at method of the cause of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due	is atated.
296 SIGNATURE AND TITLE OF CERTIFIER	
De Bure	I. DATE SIGNED (Month, Day, Year)
o marc 11 87 AS2438528-770	
20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Sing Print)	2/9/92
900 S. CATON NE BARTINGE MO.	2/9/62_

Ju. 900

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2.4	evi .	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages, he fleed within 72 hours after death with the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT (MENTA	REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last James F. S		7				2. DATE	of DEATH Druary	2, 1	992 3.	TIME OF DEATN 1 PM M
)	4. SOCIAL SECURITY NUMBER 216 07 7374	1 🔀 M 2 🗀 F	E (In yrs. lest birthday 85 YRS.			IF UNDER 24 HRS.	7. DATE (Monti	of BIRTN h., Day, Year) /26/19(06	Country) Mary	ACE (State or Foreign
LOB	96. FACILITY NAME (If not institution, give Gull Creek Reti		nity	9b. CITY, TO	Ber	location of de lin	ATN			rcest	
FUNERAL DIRECTOR	10s. STATE 10b. COUN	orcester	10c. C	ITY, TOWN OR BE	LOCATIO erli						INSIDE CITY LIMITS? X YES 2 NO
ERAL	100. STREET AND NUMBER 1 Meadow Str	eet			101. Z	2181	1		10g. CITIZ	USA.	AT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES	S 2 XNO	lf y	res, speci	IOENT OF NISPAN Ify Cuben, Mexican NO Specify	n, Puerto		or No-	14. RACE — Black, V Specify:	American Indian, White, atc.
COMPLETED	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4 or 5+)	ille. Do NOT	of work done dur use retired.)	ring most	of working	166	. KINO OF BUS			
COMP	17. FATNER'S NAME (First, Middle, Last) James F. So	llev Sr.	Muor	lesaler		18. MOTNER'S NAI					
TO BE	190. INFORMANT'S NAME (Type/Print) Anne C. Solle					Number or Rural F	Route Num	ber, City or Town	, State, Zip		21811
	20s. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	moval from Stata	ob. PLACE OF DISP other place) Druid Ri	idge Ce	emet	ery				ore, M	sum Iaryland
	21. SIGNATURE OF FUNERAL BERVICE	LIGHSEE /		Der	nnis	Funeral anklin	1 Ho		Hill,	Md.	21863
	23 PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Carde	aach lina.			dise			ratory erro	est,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	S A CONSEQUENCE	OF):	2	dise	ass				
CAL	PART II. Other algorificent condition			g in the und	erlying	cause given in	Part 1.	24a. WAS AN PERFOR 1 YES 2	MED?	C	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:		CE OF DEATN (Ch					
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Year		IME OF 2	Noni WORI	RY AT K? S 2 NO	28d. DE	SCRIBE HOW I	NJURY OCC	CURED	
	3 Suicide 8 Could not I 4 Homicide determined		RY — At home, farm pecify)	n, atreet, factor	y, office			CATION (Street s or Town, State)	and Number	or Rural Rou	ite Number,
COMPLETED	CONSULT OFFICE	YSICIAN: To the best of my kn INER: On the basis of examina									and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIF	- mp.				D3 P	MBER 174	1	≥ 2	3F	fonth, Day, Year)
F	Doug as	Bruce	M).		100	d Oles	n le	1 7h	(B	erlin	Missell
6	31. DATE FILEO Month, Day, Year)	32. REGISTRAR'S	ia Davidson	- Randall					10	•	

	1. DECEDENT'S NAME (First, Middle, Last)				CATE OF	V T	2. DATE C	F DEATH			TIME OF DEATH
1	Maidie	Lang		Sha	У		01	29 DAY	199	2	5:30A
Ì	4. SOCIAL SECURITY NUMBER 137-14-1311	5. SEX 1 M 2 F	6. AGE (In yrs. Ia 90		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month, 03-	Day: Vear) 16-19		Country)	ce (State or Foreign
	9a. FACILITY NAME (II not institution, give a Hartley Hall N		Home			or LOCATION OF D Oke Cit			9c. COUNTY WOJ	of DEATH	
	residence of decedent 10a. STATE 10b. COUNT Virginia Accol			141	town of Local		-			2.132	LIMITS?
	100. STREET AND NUMBER Line Road		HE	010		1. ZIP CODE 23356			10g. CITIZEN		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 2 💢		If yes, sp	CENDENT OF HISPA secify Cuban, Maxic 2 NO Speci	an, Puarto R		or No- 14.	RACE — / Black, Wit	American Indian, hita, atc. White
	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)) (C	Give kind of w e. Do NOT use	usual occupation of during more retired.)	ost of working		KIND OF BUSIN	NESS/INDUST	TRY	
	17. FATHER'S NAME (First, Middle, Lest) George Lang		MIDI	.Oyee	or byta	16. MOTHER'S N. MOllie	AME (First, M	iddle, Maiden Su	umame)		7
	19a. INFORMANT'S NAME (Type/Print) Margaret Perdue					and Number or Rural			State, Zip Co. 21851	de)	
	26e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State			or DISPOSITION	Meth. Cem	. 1/3		ATION — City		state aryland
8	50015	A VI A A A				on Funer					
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceus	orphin	e.	PO BO	X 64, Po	comol			-	Approximete Interval Betw
	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition	S. DUE TO (orphin	EQUENCE OF	PO BO of enter the mo	ation	ocomol-	lec or reeplra		-	Approximete Interval Betw
MEDICAL	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly flet conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	S. DUE TO (c. DUE TO (d. DUE TO (OR AS A CONSI	EQUENCE OF	PO BO of enter the mo	ation	ocomolich as cerd	lec or reeplra	STORY STREET	24b. WE AM	Approximate Interval Betwo Onset and De
	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions acute pneumonary in the property of the conditions are significant conditions.	S. DUE TO (c. DUE TO (d. DUE TO (OR AS A CONSI	EQUENCE OF	PO BO of enter the months and the underlying cts and c	ation g ceuse given in	Part I.	24a, WAS AN AN PERFORM 1 YO YES 2 [STORY STREET	24b. WE AM	Approximate Interval Between Onset and De On
	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly flet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditional conditional caute pneumonal caut	B. DUE TO (DUE	or as a consider of the consideration o	EQUENCE OF COUNCE OF COUNC	PO BO ot enter the mo	ation	n Part I.	24a, WAS AN AN PERFORM 1 YO YES 2 [9) (Specify) CRIBE HOW IN.	NUTOPSY AED?	24b. WE AM COI OF	Approximate Interval Betwo Onset and De
ED BY PHISICIAN: MEDICAL	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly flet conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions acute pneumon Alzheimer's Desaminer of the conditions and the conditions are conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1) YES 2 NO 27. MANNER OF DEATH	B. DUE TO (B. DUE TO (C. DUE TO (d. DU	or as a consider the consideration of the considera	EQUENCE OF FOURINGE FOURINGE OF FOURINGE	PO BO ot enter the mo	AX 64, Pode of dying, aution ation ation ation ation Access given in the company of the com	n Part I.	24a. WAS AN AN PERFORM 1 YES 2 [6) (Specify) CRIBE HOW IN.	UITOPSY AED? JURY OCCUP	24b. WE AM COOF 1 [RE AUTOPSY FINDS INCLUDE PRIOR TO MPLETION DE CAUS DEATH? YES 2 PNO
	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. Acute pneumonal conditions and conditions are conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 12. WAS CASE REFERRED TO MEDICAL EXAMINER? 12. WAS CASE REFERRED TO MEDICAL EXAMINER? 12. WAS CASE REFERRED TO MEDICAL EXAMINER? 13. Suicide 5 Pending Investigation conditions are conditions and conditions are conditions.	B. DUE TO (DUE	cor as a consider the consideration of the consider	EQUENCE OF COUNCE OF	PO BO ot enter the mo	ation ation g ceuse given in d LACE OF DEATH (C) TO PRESIDENCE YES 2 NO ca a and place, and du	Part I. Check only on 28d. DES Sub 28t. Loc. Home	24a. WAS AN A PERFORM 1 Y YES 2 [(Specify) CRIBE HOW IN. 1 CRIBE HOW IN. 1 CRIBE HOW IN. 1 CRIBE HOW IN. 2 CRIBE HOW IN. 2 CRIBE HOW IN. 3 CRIBE HOW IN. 4 CRIBE HOW IN. 5 CRIBE HOW IN. 6 POCC. 80(a) and manner	JURY OCCUP given tley omoke	24b. WE AWA COUNTY OF THE MED MOI	RE AUTOPSY FINDINGLABLE PRIOR TO MPLETION DF CAUS DEATH? YES 2 STNO TPhine I Murs Ly, Wor
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition Acute pneumor Alzheimer's Death in the condition of the condit	B. DUE TO (B. DUE TO (C. DUE TO (d. DU	cor as a consider the consideration of the consider	EQUENCE OF COUNCE OF	PO BO ot enter the mo	ation ation g ceuse given in d LACE OF DEATH (C) TO PRESIDENCE YES 2 NO ca a and place, and du	n Part I. Table Part I.	24a. WAS AN APERFORM 1 X2 YES 2 [o) (Specify) CRIBE HOW IN. J CATION Hart e, Pocce se(a) and mann and place, and	JURY OCCUP GIVEN TO MOKE OMOKE	24b. WELL AMM COOP 1 [] Hall Ci	RE AUTOPSY FINDINGLABLE PRIOR TO MPLETION DE CAUS DEATH? YES 2 SPNO TPhine I Nurs Ly, Wor

Md



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR	05170								92	04598
- STATE REGISTRAR	SIAIE	F MARYLAND			HEALTH AND F DEATH	MENTAL	REG. NO.	E		
1. DECEDENT'S NAME (First, Mid	die, Last)					2. DATE (OF DEATH		YEAR 3	. TIME OF DEATH
Anna	Nelson	Sutto	n			Jani	uary		1992	2:14 P
3. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	" -	IF UNDER 1 YEAR		7. DATE C	OF BIRTH		8. BIRTHPL	ACE (State or Foreign
214-32-2075	1 M 2 5	₹F 78	YRS.	PONTHS DAYS	HOURS MIN.		Day, Year)		Mary	land
e. FACILITY NAME (If not institut	tion, give street and numbe	1)		9b. CITY, TOWN	OR LOCATION OF D		-1313	9c. COU	NTY OF DEA	
Memorial H	Hospital	at East	on	Eas	ton			та	Lbot	
RESIDENCE OF DECED	ENT	at Bast		140	2011			14.		
COLUMN TO SECULIAR DE LA COLUMN TO SECULIAR DESCRIPTAR DE LA COLUMN TO SECULIAR DE LA COLUMN TOSA DE LA COLUMN TO SECULIAR DE LA COLUMN TO SECULIA	COUNTY		10c. CITY,	TOWN OR LOC	ATION				1	Od. INSIDE CITY
Maryland	Talbot		T	rappe					1	YES 2)(Y NO
0e. STREET AND NUMBER				1	Of, ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
3835 Ocean (Sateway			0.00	21673			US	SA	
1. MARITAL STATUS		EDENT EVER IN U.S.		13. WAS DE	CENOENT OF HISPA	NIC ORIGIN	(Specify Ves	or No	14 BACE -	- American Indian.
Never Married 2 Man	IE VES O	1 YES 2 NEW YES 2 NEW YES	(NO	If yes, t	specify Cuban, Mexic	en, Puerto R	ican, etc.)		Black, 1	White, etc.
Wildowed 4 Divorced	" 120, 0	TE TENT ON DATES		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S 2 XNO Speci	ny:		30	Specify:	White
	NT'S EDUCATION	16e. C	DECEDENT'S U	SUAL OCCUPAT	TON	16b.	KIND OF BUS	INESS/IND	USTRY	
(Specify only high	hest grade completed) College (1-4	0(54)	In. Do NOT use							
11		Adr	ninist	rator i	for		Hosp	ita1		
7. FATHER'S NAME (First, Middle,	Last)	Re	sistor	ed Med	18. MOTHER'S N	AME (First M	_		_	
Napoleon T.	Nelson, Sr				Cora S			,		
a. INFORMANT'S NAME (Type/F	Print)	1	19b. MAILING A	DDRESS (Street	and Number or Rural	Route Numb	or, City or Town	, Statu, Zip	Code)	
Ira C. Nelso	on, Jr.		P.O. 1	Box 95	Trappe,	MD 2	1673			
De. METHOD OF DISPOSITION			EANDDATEOF	DISPOSITION (OATE		ATION -	City or Town	, State
Burlel 2 Cremetion 3 Donation 5 Other (Spe	city)		rematory or other	er placa) Ceme 1		2-4	Trai	ppe.	MD	
SIGNATURE OF FUNERAL	esenain	MCF	:5.P	News News 200	and aboness of F lam Fune S. Harri	ral H	t. Eas	ston.	MD	
23. PART I. Enter the diseashock, or heart MMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ch	that caused the couse on each line	044	t enter the m	ode of dying, su	ch ss cerdi	sc or respi	ratory arr	est,	Approximate interval Betwee Onset and Dear MCN7HC
annumal allow that are statement						-				
Sequentially list conditions f any, leading to immediate cause. Enter UNDERLYING		E TO (OR AS A CONS	EOUENCE OF):							
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d.	E TO (OR AS A CONS	EOUENCE OF):							
APT II Other significant o	andition contribution	- 40 do-40 but	101							
PART II. Other significant c	COLDE - O'C	a to death put not	resulting in	the underlyi	ng cause given in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
11/1-16	SCIED SK	1.				_	1 YES 2"	NO		OMPLETION OF CAUSE F DEATH?
TICO MCLA	runt CVA	15					/	, ,	1	TYES 2 NO
S. WAS CASE REFERRED TO ME				26. 1	PLACE OF DEATH (C)	heck only one)		-	
1 YES 2 NO	HOSPITAL 1 Inpatient	2 ER/Outpatient	3 DOA 4	Nursing Ho	me 5 🗆 Residence	8 Other	(Specify)			
MANNER OF BEATH		E OF INJURY	28b. TIME	OF 28c. IN	JURY AT	-	CRIBE HOW IN	JURY OCC	URED	
1 Natural 5 Pend	ling	ith, Day, Year)	INJUF		YES 2 NO	13				
a Cartesia	tigation 28e. PLA	CE OF INJURY - At I	ome, farm, stre			28f, LOCA	TION (Street a	nd Number	or Rural Brus	te Number
	mined bulk	ding, atc. (Specify)				City o	Town, State)			
	NG PHYSICIAN: To the be									nd menner as stated.
b. SIGNATURE AND TITLE OF		110			29c LICENSE NU		T			Sents Days Hear?
NAME AND ADDRESS OF PER	ISON WHO COMPLETED	CAUSE OF DEATH (IT	EM 27) (Type P	rint)	1233	(()		- /	1511	12
KEVIN	J. O'KE	EFE	60%	por	2 wants	BALLE	EAS ?	sta	Ho	ZIKOI
DATE FILEO (Month, Day, Year)	32. REG(TRAR'S SIGNATURE	A	- NE						

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. The law requires that the date of the attending physician and completely filled in by the law accordance of the state of Health and Mental Hygiene prior to burial, cremation, or remova. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.	the ho	detact	once
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proof may be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunia, cremation, or removal IMPORTANT: If Item 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examinar much be noted.	A P	ž.	ed at
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TO THE HOSPITAL O TO THE FUNERAL D DE filed within 72 ho IMPORTANT: If Ite	R ATTI	RECTO	9m 28
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THE OF THE POPULATION	HOSP	FUNE	TANT
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	1 - STATE OF MAF	YLAND / DEPARTMENT CERTIFICATE	OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) Smith			2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH 92 2250 M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 \(\triangle \) M 2 \(\triangle \) F	MGE (In yrs. last birthday) IF UNDER 1 YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Monthly Day, You) 1918	BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give street and number) Carroll County Gen. H		town or location of di SHMINITE		CUTS 11
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TOWN OF			10d, INSIDE CITY LIMITS?
	MD Carroll 100. STREET AND NUMBER	W	estminster		1 YES 2 NO
FUNERAL	104 Schaeffer Ave.		21157		J.S.
84	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 FORCES? 1 FYES, GIVE WAR (YES 2 NO II	MS DECENDENT OF HISPAI yes, specify Cuben, Maxica YES 2 M ND Specif		14. RACE — American Indian, Bleck, White, stc. Specify: White
TO BE-COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) UNICHOWN	16a. DECEDENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.) domestic	uring most of working	at collecteri	ege
NO	17. FATHER'S NAME (First, Middle, Last)	domob ozo		AME (First, Middle, Maiden Surname	
HI C	unknown			ces Plaughe	
10	Mrs. Helen Brashears	3340 Ha	wks Hill I	Rd., New Wir	ndsor, MD 21776
	20e, METHOD OF DISPOSITION 1 DL Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	of cemetary, crematory or other place LOCUST GROV	e Cemeter	y 2/3 Mt.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE PROBERT K.			eral Home & gton Rd., We	Chapel estminster, MD
	23. PART I. Enter the diseases, of complications that contents the contents of		Maria	ch as cerdiac or respiratory	Approximate interval Between Onset and Death
CERTIFICATION	il ally, leading to infinediate	AS A CONSEQUENCE DF): CITEMIC MAS A CONSEQUENCE DF):			YEARS
ERTIF		AS A CONSEQUENCE DF): ERO SCLEROTIO			SEASE YEARS
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to dea	ath but not resulting in the un	derlying cause given in	Part I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)	
YSIC	1 VES 2 NO 1 Inputient 2 DES		ing Home 5 🗆 Residence		
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	URY 28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 ND	28d. DEŞCRIBE HOW INJURY	DCCURED
	3 Suicide 8 Could not be 4 Homicide datarmined	JURY — At home, farm, street, facto (Specify)	ory, office	281. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of axemi				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0 1110	29c. LICENSE NU		DATE SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE I	OF DEATH WEM 27) (Type, Print)	D016	63	1/30/92
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DE VINCENT J. FIOCC.	o TR	WESTMIN	USTER UD	21157
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S Lulia Javie	SIGNATURE			

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FOR STATE REGISTRAR

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.O. B(law requires that the death certificate be executed within 24 hours at
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REC	requires
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TA	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITAL OR ATTENDING PHYSICIAN: The Is
0	8
	M

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR MAIDIE RaINIA Thomas 4. SOCIAL SECURITY NUMBER 5.SE 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 219-66-1712 1 - M 2 10 F 9 9 YRS. permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH FUNERAL DIRECTOR Hospital Easton Talbot 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ma 1 YES 2 NO 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit USA 21673 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Merried BY 1 TES 2 AND Specify 3 Widowed 4 Divorced Specify COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) eacher 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) notified at m BE omas INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street 2 la 119 Pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION must Buriel 2 Cremation 3 Removat from State 4 Donation 5 Other (Specify) Cemetery Trappe, md. 150 grad 21. SIGNATURE OF PUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Washington, St. Henry completely filled in by the rial, cremation, or removal. tuneral medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haert feliure. List only one cause op/sech line. Approximata interval Batween IMMEDIATE CAUSE (Finel Onset and Death the disease or condition (crus resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) een signed by the attending physician and com of Health and Mental Hygiene prior to burial, CERTIFICATION Sequentielly list conditions, Sequentially inst contacting, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO requires OF DEATH? 1 YES 2 NO this certificate has been PHYSICIAN: Item 23 s the State Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 8 - Other (Specify) 0 4 Nun 27, MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) With marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO After death 2 Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: It Ifem 28 Is m 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 8 Could not be determined 28f. LOCATION (Street end Number or Rural Route Number, City or Town State) COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) USI D23066 88 0 92 16 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JAN 1 7 1992 32 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE

	REGISTRAR		C	ERTIF	ICATE	OF	DEATH	REG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)			19				2. DATE OF DEATH		3. TIME OF DEATN		
	Allan Morton The	omas						on 2	92 7:20 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	s. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH	6. BIRTNPLACE (State or Foreign			
	577-16-2963	1 XX 2 □ F	81	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 9-23-1	Washington D.C.			
	9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY,	TOWN C	OR LOCATION OF DE			INTY OF DEATH		
۳ ا	William Hill Man	or			Ea	sto	n		l Ta	albot		
띩	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION			10d. INSIDE CITY LIMITS?		
<u> </u>	Maryland Talk	oot		Bo	zman					1 TES 2 NO		
A	10a. STREET AND NUMBER					101	. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?		
FUNERAL	7693 Latchstring	Lane 1	P.O. Bo	x 264	ŀ		21612		U.	.S.A.		
5		12. WAS DECEDENT	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.		
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	NO		Yes, sp	2 X NO Specify	n, Puerto Rican, atc.)		Specify: White				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. i	DECEDENT'S (Give kind of life. Do NOT u	USUAL Of	CCUPATH during mo	DN ost of working	16b. KIND OF BU	BINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +)									
를	12	4		Civil	Engi	neei	r					
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE (Allan Morton	Thomas					Beula	ah Holsapp	le			
8	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	and Number or Rural i	Route Number, City or Tow	n, State, Zi	ip Code)		
%T0	Georgia E. Thomas	S		P.O.	Box	264	Bozman,	Maryland	2161	12		
	20a. METHOD OF DISPOSITION		20b. PLAC			-	metery, crematory or		CATION -	- City or Town, State		
	1 Donallon S Dother (Specify)	val from State	Capi	itol (rema	tory	y Jan. 2	23, 1992 1	Dove	r, Delaware		
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE			22.	NAME A	ND ADDRESS OF FA	CILITY				
	1	Leoner	-()					Leonard Fu				
_	Temuser c-		7		312 S. Talbot St. St. Michaels, Md. 2166 leath. Do not enter the mode of dying, such as cardisc or respiratory street, Approximate							
					not entar	the mo	oa or dying, suc	n es cardisc or resp	iratory si	interval Between		
	IMMEDIATE CAUSE (Final A CONTROL OF THE CAUSE (Final A CONTROL OF											
	diseese or condition resulting in death)	13	رلادر							LONGSTANDING		
		DUE TO	(OR AS A CONS	SEQUENCE C	F):							
Z	Sequentielly list conditions,											
Ĕ	if any, leading to immediate	DUE TO	(OR AS A CONS	SEQUENCE C	MF):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury											
1	that initiated events	DUE 10	(OR AS A CONS	SEQUENCE C	M-):							
ER	resulting in death) LAST											
EDICAL CERTIFICATION	PART II. Other significent conditions	contributing to	death but no	t resulting	in the ur	nderlyin	g cause given in	Part I. 24s. WAS AN				
S	HO CUA							PERFO		AVAILABLE PRIDR TO COMPLETION OF CAUSE		
03								1 ☐ YES	XNO	OF DEATH?		
≥								—		1 NES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					60 5	ACE OF OTATIO	L				
D	EXAMINER?	HOSPITAL:		. =	OTHE	R:	LACE OF OEATH (C)					
YS	1 YES 2 NO	1 Inpatient 2			4 Nur	sing Nor		6 Other (Specify)	IAI II IMA C	ANIDED		
H	27. MANNER OF OEATN 1 Netural 5 Pending	28a. DATE OF (Month, D		28b. Til	JURY M	W	JURY AT ORK?	28d. DESCRIBE NOW	INJURY O	CCURED		
ВУ	2 Accident Investigation				М		YES 2 NO					
ED I	3 Suicide 6 Could not be	28e. PLACE O building,	of INJURY — At atc. (Specify)	home, farm,	street, fac	tory, offic	ce	28f, LOCATION (Street City or Town, State	and Number	er or Rural Route Number,		
	4 Nomicide determined											
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge,	death occur	red at the t	time, date	e and place, and due	to the cause(a) and ma	nner sa st	ated.		
ME	anal L	R: On the basia of a	xamination and/	or investigati	ion, in my	opinion,	death occured at the	time, date and place, a	nd due to	the cause(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER											
BE												
0	135251 1242											
_	The state of the s											
	31. DATE FILEO (Month, Day, Year) JAN 2. 3. 1992	J2. REGISTRA	SIGNATURI	Borles	2							
	I JEHL CO DOC	76.001	minning at his	7	-							

1. DECEDENT'S NAME (Firs									2. DATE OF DEATH MONTH DAY			YEAR	3. TIME OF DEATH
LESTER J	OHN T	YLER							1	3.		92	4:45
4. SOCIAL SECURITY NUM		5. SEX		yrs. lest birthday)	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)			8. BIF	TTHPLACE (State or For
152-10-562	1	1 💢 M 2 🗌 F	79	YRS.	MONTHS	- LANIS	HOURS	mirs,	1-25-13			Mi	nnesota
9e. FACILITY NAME (If not i	institution, give s	street end number)			9b. CITY, TOWN OR LOCATION OF OEATH						9c. COU	IN YTM	FOEATH
SALISBURY NI	RSING	HOME			SALISBURY, MD.						WI	COM	IICO
RESIDENCE OF DE	10b. COUNT			10c. CITY, TOWH OR LOCATION								10d. INSIDE CITY	
	Ta1			Easton						LIMITS?			
Maryland		DOL			101. ZIP CODE					La- ozza			F WHAT COUNTRY?
700 Cucom	0.000 Ass												
300 Sycam	ore Av	12. WAS DECEDEN	T EVER IN II	21601 IN U.S. ARMED 13. WAS DECENDENT OF HISPAN				IC OBIGINS	(Snacify Var	US.		ACE American Indie	
1 Never Married 2 X		FORCES? 1	YES :	2)(NO If yes, specify Cuban, Mexican					n, Puerto R		0 100-	B	peck, White, etc. White
	CEDENT'S EDU		10	16a. DECEDENT'S USUAL OCCUPATION					16b.	KIND OF BU	SINESS/INI	DUSTR	Y
Elementary/Secondary	nly highest grade (0-12)	College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use retired.)									
12			S	Supervi	sor					Westi	ngho	use	
17. FATHER'S NAME (First, I	Middle, Last)		7		16. MOTHER'S NAME (First, Middle,					iddle, Maiden	Sumame)		
John Tyl	er				Alma Frykman								
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, S													
Harry A. T	yler			11514	Woo	dwin	ds C	ourt	, Cor	dova,	MD	216	25
20g. METHOO OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town,										Town, State			
1 N Burlel 2 Cremation 3 Removal from State Comparison Comparison													
21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE		2	110,110		ND ADDRE	SS OF FA			IV V C I	- 1	CW DCJ SCY
	WE OFFITTION D	OLHOLL											
1)		Newn	am F	uner	al Ho				
23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisesse or condition resulting in death)	diseases, or haert failure.	Complications the	at caused ti use on eacl	tha daeth. Do th line.	not anta	Newn 200 r tha mo	s. H	uner arri	a1 Ho son S	St., I	iretory sr	rrest,	MD Approximatintaryal Ba
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23. PART I. Enter the shock, or immediate CAUSE (Fidlesse or condition resulting in death) Sequentially list condition and say, leading to immediate. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification of the cause of t	diseases, or heart failure. diseases, or heart failure. distinct intions, lediate YING jury ST Cant condition TO MEDICAL	complications the List only one can be DUE TO d. DUE TO d. HOSPITAL:	O (OR AS A CO)	the deeth. Do th line. ST CONSEQUENCE CO CO CONSEQUENCE CO CONSEQ	not anta A y OF): OF): OF): OTHER 4/2 No.	Newn 200 If the model InderlyIn 28. PI 28c. IN.	g cause	uner Earri ring, suc Hill given in	Part I.	24a. WAS AJ PERPO	A AUTOPSYRMED?	rrest,	Approximatintarval Baronset and Onset and Onse
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BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be examed by the nuspital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 in the fact of the burdant permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burlal, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be executed by the house after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

REGISTRAR		CERTIFICA	ATE OI	DEATH		REG. NO				
1. DECEDENT'S NAME (First, Middle, Last) Fost	er J. T	aliaferr	0		2. DATE	OF DEATH	W	YEAR 3. TIME OF DE	EATH	
Land Control	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	202.			1	2	5 '9	12 7:45	P	
4. SOCIAL SECURITY NUMBER 5. SE 1X M 2	□ F 72		THE DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	th, Day, Year)		D. BIRTHPLACE (State of Country) Virginia	Foreign	
96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DE										
ST. MARYS /	405PIT,	AL	LE	ONAR	DTO	NWO	5	MAR)	MARY'S	
10e. STATE 10b. COUNTY		10c. CITY, TO						10d. INSIDE C	IΤΥ	
Maryland St. Mary's	5	Cha	rlott	e Hall				1 TYES 2	NO NO	
10e. STREET AND NUMBER			1	ef. ZIP CODE			10g. CITIZE	EN OF WHAT COUNTRY	7	
Charlotte Hall Vete	erans Home	Rt 5		20622	2		U.S.	Α.		
1 Never Merried 2 Merried FORCE	ECEDENT EVER IN U.S. ES? 1 \(\text{YES} 2 \) GIVE WAR OR DATES	2 NO If yes, specify Cuben, Mexican, Puer				N? (Specify Yes Rican, etc.)		4. RACE — American Ir Black, White, etc. Specify: Caucasian		
15. DECEDENT'S EDUCATION	16a.	DECEDENT'S USU			168	b. KIND OF BUS			_	
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during r ired.)	nost of working						
								on		
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)										
Clifton Taliafern	0			Nell		Foste				
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING ADD	RESS (Street	and Number or Rural				Corde	_	
Robert Taliaferro			Drive Up							
20a. METHOD OF DISPOSITION	200 51 1				-					
1 Buriel 2 Cremation 3 Removal from S		CEAND DATE OF DI crematory or other p			DAT			ty or Town, State		
4 Donetton 5 Other (Specify) Loe Crematory 1 27 92 Clinton, Maryland										
Lee Funeral Home, Inc.										
6633 Old Alexander Ferry Rd Clinton, Md 2073										
									FINDINGS	
Chrune Lung derocuse 1 yes 2 No							AVAILABLE PRIC COMPLETION O OF DEATH?	F CAUSE		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck only or	ne)				
HOSPII	AL: ent 2 ER/Outpatient		HER: Nursing Ho	me 5 🗆 Reeldence	6 🗆 Othe	er (Specify)				
	DATE OF INJURY Month, Day, Year)	28b. TIME OF	28c. II	JURY AT	T	SCRIBE HOW II	NJURY OCCU	RED		
1 Natural 5 Pending	mann, troy, reer)			YES 2 NO						
3 Suicide Could not be 26e. I	PLACE OF INJURY — At	home, ferm, atreet	, factory, off	ce			nd Number or	Rural Route Number,		
4 Homicide determined building, etc. (Specify)										
290. CERTIFIER	h-m-4									
(Check only one) 1 CERTIFYING PHYSICIAN: To the property one)										
MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) end menner as attend.										
THE THENATURE AND TITLE OF CENTIFIER	. ^			29c, LICENSE NU				SIGNED (Month, Day, Yes		
m 12 Hamp. D14285 1-26-92										
30. NAME AND ADDRESS OF PERSON WHO COMPLET)							
com D. Boydo mD, LeonARd Town, MD,										
31. DATE FILED (Month, Pay Year) 1992 32. R	GISTRAN'S SIGNATURI	Randell								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 IVA

DHMH-16 Rev 1/89

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL	REG. NO.				
1. DECEDENT'S NAME (First, Mirrie)	Antonio	Ernesto	Tav	ritas	2. DATE O	OF DEATH DAY	92	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 459-22-9128	5. SEX 8. AGI	, ,	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month),	, Day, Year)		BIRTHPLACE (State or Foreign Country) Mexico		
9e. FACILITY NAME (If not institution,	give etreet and number)		9b. CITY, TOWN	OR LOCATION OF D		9	c. COUNTY	OF DEATH		
_South 5104 Kar	en Ann Court	G4	Camo	Springs			Princ	George's		
RESIDENCE OF DECEDEN	T	In CITY	10c, CITY, TOWN OR LOCATION 10d, INSIGE							
	/-							LIMITS?		
Maryland Prin	nce George's	I Can	p Spri	NGS of. ZIP CODE	0g. CITIZEN	OF WHAT COUNTRY?				
	ren Ann Court				20748		Ų.S			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, i	ECENDENT OF HISPA specify Cuban, Mexic S 2 NO Speci	an, Puerto R			RACE — American Indian, Black, White, etc. Specify: aucasian		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			TION	16b.	KIND OF BUSIN				
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.)								
12th	2	2 Installation Fun								
17. FATHER'S NAME (First, Middle, La	1)			18. MOTHER'S N.	AME (First, M					
Alfredo	avitas—Garcia					Vi	11enu	eva		
19e. INFORMANT'S NAME (Type/Print		19b. MAILING A	ADDRESS (Stree	t and Number or Rural	Route Numb	er, City or Town, S	State, Zip Coo	de)		
Mary Kay Tavi	Mary Kay Tavitas 8607 Monmouth Drive Upper Marl									
20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 C		tob. PLACE OF DISPOSI other place)	TION (Name of o	emetery, crematory or		20c. LOCAT	ION — City	or Town, State		
4 Donation 5 Other (Specify		Maryland S						m, Maryland		
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	4		ANO ADDRESS OF F				Home, Inc.		
Shanner	1 1D. Kou	kandei	r Ferry	Rd C	linton, Md 20					
shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. Supply a Consequence of: But to (on As A consequence of): Sequentielty list conditions, if any, leading to immediate b. Due To (on As A consequence of):										
Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.										
PART II. Other algorificent con		and the second	in the underlying cause given in Part I. 24a. WAS AN AUTOP PERFORMED?					AVAILABLE PRIOR TO		
5/0 Cen	had mogu	er A	cido	_						
25. WAS CASE REFERRED TO MEDI- EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C						
1 STES 2 NO	1 Inpatient 2 ER/O			ome 5 🗆 Residence	_		IRY OCCUP	DEO.		
1 Natural 5 Pending	(Month, Day, Yea	28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO								
Suicide 6 Could r 4 Homicide detarmi	ot be building, etc. (S	IRY — At home, farm, st pecify)	reet, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
29b. SIGNATURE AND TITLE OF CE	TIFIER			29c. LICENSE N	UMBER	:	9d. DATE S	IGNED (Month, Day, Year)		
france	Wetz un			DITI	62		1/	21/92		
30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4000 Whitby My 9556 CROYN Huy More Markey M										
31. DATE FILED (Month, Day, Year)	62/ RIIGISTIMAR'S SI	SNATURANDARE	70		7					
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DHMH-16 Rev 1/89

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	IRECTOR: After this certificate has been signed by the attending physician and completely filled in I	P
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MPORTANT:

31. DATE FILED (Month, Day, Year)

27 1992

32. REGISTRAR'S SIGNATURE

Savidron-Randell

THE HOSPITAL (
) THE FUNERAL (

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Turner 9Z 330 A M Thelma A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1 M 2/XF 69 2-28-Wash -12 - 7615, D. 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9c, COUNTY OF DEATH Anne Arundel Medical Ctr. Annapolis Anne Arundel DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? Prince George's 1 YESXANNO District Heights Md 10e. STREET AND NUMBER 10f. ZtP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 2303 Breton Drive 20747 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 KNO s, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: BY XXXIdowed 4 Divorced White ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 8+) Nat. Educ. COMPL At Home Secretary/Homemaker ASSOC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Minnie Simpson BE Leonard Hutchison 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Burgess Royale Glen Ct. .Davidsonville.Md 20c. LOCATION — City or Town, State 21035 20a. METHOD OF DISPOSITION 20b, PLACE OF DISPOSITION (Name of cemetery, cremetory or Buriel 2 Cremation 3 Removal from State 1 Buriel 2 Cremmuo... Resurrection Cemetery Clinton.Md 21. SIGNATURE OF FIRMERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Md. 20735 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate shock, or heart failure. List only one cause on each line. intervai Between **Onset and Death** IMMEDIATE CAUSE (Final theumonia Pseudomonas 2 months disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Emphasem a MEDICAL CERTIFICATION Sequentielly list conditions, TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO **DF DEATH?** 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 TES 2 NO ient 2 ER/Outpetlent 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🔀 Netural 5 Pending 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined ETED 4 Homicide COMPL 1 S CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 1/24/92 D38563 2 30. NAME AND ADDAESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Bierbaum 134 owens ville Ad River West

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)

27 1992

	1. DECEDENT'S NAME (Firs	1. DECEDENT'S NAME (First, Middle, Lest) LDWARD C. TROUT MAN 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UND										AY .	YEAR 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM 193-24-3		5. SEX				DAYS	IF UNDER	24 HRS.	(Mor	E OF BIRTH oth, Day, Year)	3		LACE (State or Foreign
CTOR	90. FACILITY NAME (II not I	institution, give s		tos PITT	46	9ь. СП	C/L	PLOCATI			5-26	Plant.	NTY OF DE	
DIRECT	10e. STATE	10b. COUNT				Y, TOWN	OR LOCAT	ION						IOd. INSIDE CITY
	MO	Pr	rince G	eorge'	L's Ft. Washington					10g. CITIZEN				YES 24 NO
FUNERAL	704 Kin		12. WAS DECEDER	NT EVER IN U.S. A						NIC ORIGIN? (Specify Yes or No			USA	- American Indian.
ВУ	1 Never Married 2/5/3 Widowed 4 Dive		IF YES, GIVE	WAR OR DATES $4-1947$	JNO	O If yee, specify Cuben, Maxica 1 ☐ YEX X X NO Specify					Ricen, etc.)		Specify:	White
LETED	(Specify on Elementary/Secondery (I	DEDENT'S EOU- ly highest grade 0-12)	CATION completed) College (1-4 or 5		Give kind of	T'S USUAL OCCUPATION of work done during most of working T use retired.)					U.S	. GO		
IO BE COMPLET	12 17. FATHER'S NAME (First, N		4		Cart	ogr	aphe		HER'S NA	ME (First,	Defe Middle, Meiden		Age	ncy
	Edward 190. INFORMANT'S NAME (T ₁	9b. MAILING	ADORES	S (Street o				Clark	State 7in	Control			
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Elizabeth Troutman Same as 10a. – 10f.													
	20s. METHOD OF DISPOSIT 1 Shertal 2 □ Cramatic 4 □ Donation 5 □ Other	on 3 🗆 Remi		cemetery, ca	ANDDATE OF OR	her place	g Ce	met	ery	OAT	1	.ewi	city or Town	a Pa
	Lewisburg Cemetery Lewisburg, Pa. 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Md. 20735													
CERTIFICATION	23. PART Lenter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Cause Course or injury Cause										interval Batwe Onset and Dat			
- 1	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.													
: MEDICAL	ANY II. Other significe	resulting l	g in the underlying ceuse givan in Part i.					ert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 N			RERE AUTOPSY FINDING WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	1500		OTHE	R:	ACE OF OE						
BY PHY	27. MANNER OF DEATH 1 Natural 5	Pending investigation	28e. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJU WOF 1 Y	RY AT			SCRIBE HOW IN	JURY OCC	URED	
	3 Suicida 8	3 Suicida 8 Could not be 28e. PLACE OF INJURY — At home, ferm, streel, fectory, office hulldling str. (Specific)									CATION (Street e. or Town, State)	nd Number	or Rural Rou	te Number,
	4 Homicide determined City or Yown, State) 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.													
COMPLE	(Check only	FYING PHYSIC	CIAN: To the best of	my knowledge, d	eth occurre	d at the	time, date o	and place,	end due	to the car	use(e) end man	ner es state	d.	

-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

92

And Intelligence

BALTIMORI, MARYLAND 21215-0020	rs after death. Page 6 marker menne by the honoral or attending physician.	n by the funeral director, man a property consistent to use as the burial-transit permit. Pages 1, 2, 3 should removal.	odical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 manual by the house house that the physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, nature produce an activity to burial, transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. OECEDENT'S NAME (First, Mic	ddle, Last)	-						2. DATE OF DE	ATH	YEAR	3. TIME OF DEATH
		Jean B.						1	17	92	2.4
. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	HOURS	MIN.	7. DATE OF BIF (Month, Day,		8. BIRTI Count	NPLACE (State or Foreign
272 46 4107		1 M 2 X	80	YRS.		I III		1-3	0-11	New	York
a. FACILITY NAME (If not institu	ition, give str	eet and number)			9b. CITY, TOWN	OR LOCATIO	N OF D	EATN	9c.	COUNTY OF	DEATN
3909, New Hay		ourt	-			- 41		Bowie	j. P	rince	Georges
MESIDENCE OF DECEL	L COUNTY			10c. CITY	TOWN OR LOCA	TION					10d, INSIDE CITY
Maryland	Desir		200	100.011	TOWN ON LOCA	anon .	-			1	LIMITS?
o. STREET AND NIMBER	PLLU	ce Georg	es.		1 44	H. ZIP CODE	ВС	wie	1.00		1 XXXES 2 NO
		0			1"						WHAT COUNTRY?
3909 New Ha	aven	12. WAS DECEDEN	F FUED IV II O A		1		0715				States
Never Married 2 Ma	rried	FORCES? 1	YES 2 1	NO	If yes, s	pecify Cuban	, Mexica	IIC ORIGIN? (Spe n, Puerto Rican,	cify Yes or No etc.)	14. RAC Biec	E — American Indian, k, White, etc.
Widowed 4 Divorce	d	IF YES, GIVE W		No	1 TYES	S 2 NO	Specif	No.		Spec	White.
15. DECEDE	NT'S EDUC	ATION	16a. DE	CEDENT'S U	SUAL OCCUPATI	ION			OF BUSINESS	R/INDUSTRY	witte.
(Specify only hig Elementary/Secondary (0-12)		completed) College (1-4 or 5 +	(G	live kind of wo	ork done during m retired.)	ost of working	7		0, 000,112,01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		4		eache	r			Sta	te of	Ohio	
. FATHER'S NAME (First, Middle	e, Last)		1 1	cache		16, MOTH	ER'S NA	ME (First, Middle,			
John F. Becl	kert							1 Nours		,	
a. INFORMANT'S NAME (Type			19	b. MAILING A	DDRESS (Street			Route Number, City			
David Thomps	nn.							t Bowie			771
a. METHOD OF DISPOSITION					DISPOSITION		our			N - City or To	
☐ Burlel 2 🔯 Cremetion ☐ Donation 8 ☐ Other (So		val from State	cemetery, cre	matory or other				DATE			100
. SIGNATURE OF FUNERAL S		NSEE _	Tiett	OPOLL		IND ADDRES		CILITY	AI	exandr	ia Virgini
Ralpot	. 6	6:-		D.				uneral	Home,	P.A.	
3. PART I. Enter the dise	, 0	· Cla	ms	Thes	1600	0 Anna	apo]	is Rd.	Bowi	e Mary	land 20715
equentially list conditions any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or injury net initiated events esuiting in death) LAST	te l		OR AS A CONSE	QUENCE OF):		A IEVA	36 CL	loc 1	ISEA	1G	Yeun
Hyperite		contributing to	death but not i	resulting in	the underlyin	ng ceuse g	iven in		MAS AN AUTOI PERFORMED? YES 2 1 NO		. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
. WAS CASE REFERRED TO M	EDICAL				26. P	LACE OF DE	ATH (Ch	eck anly one)			
EXAMINER?		HOSPITAL:	ER/Outpatient 3		OTHER:	10		6 Other (Spec	164		
MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIME	OF 28c, IN.	JURY AT	30.00	28d. DESCRIBE	-	OCCURED	
1 Netural 5 Pen	ding stigation	(Month, Di		INJU	44	ORK? YES 2 🗌	NO				
2 Accident Inve		28e. PLACE OF	F INJURY - A1 ho	ome, ferm, str	eet, factory, offic	ce		26f. LOCATION	Street and Nu	mber or Aural I	Route Number,
	rmined	building,	etc. (Specify)					City or Town	, State)		
		IAN: To the bast of									a) and manner as stated.
b. SIGNATURE AND TITLE OF	CERTIFIER	2 De	PUTY	nedi	und	29c. LICE	ISE NUR	IBER	29d.	DATE SIGNED	(Month, Day, Year)
Paul arles	love 6	w 8,	am,	-		10	01	8512	- •	1-17	- 42
NAME AND ADDRESS OF PE	RSON WNO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type, F	Print)						
PAUL A	DEL	DRE M	A Han	101	100116	Sun.	A	1 H	Hes!	Lows	20181
. DATE FILED (Month, Day, Year)		R'S SIGNATURE	20	NA 33 K	July	100	· cyal	240///	TIL	, -0 , 9 ,
IAN 28	1992	gulia	R'S SIGNATURE Davidson	-Mandel							
UAIL											



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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CI	ERTIF	ICATE (OF C	DEATH		RE	G. NO				
1. DECEDENT'S NAME (First, Middle, Last)							2	DATE OF DE	ATH D		VEAR	3. TIME OF DE	ATN
William E. Tu	nney III							Feb.	5	19	92	8:45	PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	it birthday)	IF UNDER 1 YE		IF UNDER 24 HRS.	1 7	DATE OF DE	TIN		8. BIRTI	NPLACE (State or	Foreign
213-30-2167	1 🛛 M 2 🗆 F	59	YRS.	MONTHS DA	AYS I	HOURS MIN,		May 27	1	932	Ma	ryland	
9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TO	WN OR	LOCATION OF				_	INTY OF [
104 Lamport Roa	.d			Re	ist	erstow	m			Ва	ltim	ore	
10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR L	OCATIO	N						10d. INSIDE CI	ry
Maryland Ba	ltimore			Reist								1 YES 2	
104 Lamport Roa						21136				245	us		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YYES 2 1		If ye	s, spec	IDENT OF NISP Ity Cuben, Mexi NO Spe	Ican, F			a or No	Blec	E — American Inc. k, White, etc.	dien,
15. DECEDENT'S EDU	JCATION	16a. DE	CEDENT'S	USUAL OCCU	PATION			16b, KIND	OF BU	SINESS/IN		10000	
(Specify only highest grade	College (1-4 or 5 +	MA:	. Do NOT us		ng most	of working		Иом		10604	+ 74	6 00	
12 17. FATNER'S NAME (First, Middle, Last)			rres.	ident		18. MOTHER'S I					L Jr	. & Co.	
William E. Tunn	ieu							t Mow					
19a. INFORMANT'S NAME (Type/Print)						Number or Run	ral Rou	ite Number, Cit	y or Tow	rn, State, Z			
Theresa M. Tunn			3697	Alton	dal	e Rd.	Re			1			
20e, METNOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Ren	noval from State	other p	(ece)			tery, cremetory of Garde						own, Stata	
4 Donetion 5 Other (Specify)	ICENSEE _	LVELL	neen			ADDRESS OF		Affirm 4					
· P 2.	P	10										rstown	Rd.
23. PART I. Enter the diseases, or	complications the	coused the d	eath Do			Funera			_			M, Ma.	mete
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. LUN		AN										Between nd Daath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSE	OUENCE O	F):									
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	(OR AS A CONSE	OUENCE O	P):									
PART II. Other significant condition	na contributing to	daath but not	resulting	In the unde	rlylng	cause given	In Pa	art I. 24a.	WAS AI	AUTOPS1	24	b. WERE AUTOPSY	FINDINGS
										RMED?		AVAILABLE PRIC COMPLETION D OF DEATH?	F CAUSE
25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF DEATN	(Checi	k only one)					
EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:		5- Resident			c(fv)				
27, MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, D	INJURY	28b. TIN	AE OF 28	ic. INJU WOR	RY AT	-	28d. DESCRIB		INJURY O	CCURED		
2 Accident Investigation 3 Suicide 5 Could not be 4 Nomicide determined	28e. PLACE C	F INJURY — At hetc. (Specify)	ome, farm,				2	City or Tou	l (Street vn, State	end Numb	er or Rural	Route Number,	
29e. CERTIFIER (Check only one) 2	SICIAN: To the best of											(e) end manner e	e stated.
29b. SIGNATURE AND TITLE OF CERTIFI	GA	ey cor				29c. LICENSE 1 D 277				29d, D/	/	D (Month, Day, Ye	ar)
30. NAME AND ADDRESS OF PERSON W Gary I. Cohen, M					To	wson.	Md	. 21:	204		-		
31. DATE FILED (Month, Day, Year)		R'S SIGNATURE				,							
FFR 1 0 '92	Sulia De	uidson-Re	ndelle										

	1. DECEDENT'S NAME (First, Middle, Last				DEATH	REG. NO 2. DATE OF DEATH	-	3. TIME OF DEATH
	Darby	C	T 4 1	ghman		1 2 C	AY YEA	
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH/		IRTHPLACE (State or Foreign
)	213-24-4858	1 🗆 M 2 🖼	63 YRS.	MONTHS DAYS	HOURS MIN.	812918	, ,	ountry) Md
E	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
CTO	Memor RESIDENCE OF DECEDENT				ston		Та	1bot
DIRECTOR	106. STATE 106. COUNT	QA.	10c, C	TY, TOWN OR LOCAT	ellile			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	7.0		101	. ZIP CODE	-	10g. CITIZEN	OF WHAT COUNTRY?
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No — 14. F	S / T RACE — American Indian,
BY	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 Y		If yes, sp	2 NO Specify	n, Puerto Rican, atc.)		Bleck, White, atc. Specify: BI
ETED	15. DECEDENT'S EDI (Specify only highest gase	e completed)	16e. DECEDENT' (Give kind of life. Do NOT	S USUAL OCCUPATION Work done during mo	ON est of working	16b. KIND OF BUS	SINESS/INDUSTR	RY
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Dom	estic		Mouse	2 Keef	2/24
E COI	17. FATHER'S NAME (First, Middle, Last)	E. Thom	161		18. MOTHER'S NAI	ME (First, Middle, Meiden	Sumeme)	150N
TO BE	19a. INFORMANT'S NAME (Type/Print)	D.		G ADDRESS (Street a	nd Number or Rural F	Route Number, City or Town	n, State, Zip Code	10014
	200. MESHOD OF DISPOSITION	14915	20b. PLACE AND DATE	L BOX 3	58 QU	PATE 200 LÓ	Mde	21458
-	1 6 ouriel 2 Cremetion 3 Rer 8 Donation 5 Dother (Specify) 21 SEGNATURE OF FUNERAL SERVICE U	noval from State	cooperacy, fromatory or	emetera	2/4	192 Cer	nfreville	e, md.
	(Dussell	forke		22. NAME AS	A 2/	TO THE	0756	y ml
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b	RANSIII	DF):	LL PA(h	oladder)		Interval Batween Onset and Death
CERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	S A CONSEQUENCE (
MEDICAL	PART II. Other algnificant condition	na contributing to deat	but not reaulting	in the underlying	causa given in i	Part I. 24s. WAS AN. PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)		
YSI	1 YES 2 NO	1 inpatient 2 - ER/O	rutpatient 3 🗆 DOA	OTHER: 4 Nursing Home	5 Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Yea	r) IN	M 1 Y	RK? ES 2 NO	28d. DESCRIBE HOW IN	IJURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	IRY — Al home, ferm, pecify)	atreet, lectory, office		28f. LOCATION (Street e. City or Town, State)	nd Number or Rui	ral Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of my kn	owledge, death occur	red at the lime, date on, in my opinion, de	end place, end due to	to the cause(e) and man	ner ee atated. I due lo lhe ceur	ne(s) end menner es stated.
B	296. SIGNATURE AND TITLE OF CENTURE	ń			29c. LICENSE NUM D 36 4 /		29d, DATE SIGN	MED (Month, Day, Year)
2	30. NAME AND ADDRESS OF LIN ON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Ave. 5	4570~ 21F	21601		1 000
	31. DATE FILED (Month, Day, Year) FEB = 3 199	32 REGISTRAD'S SI			ISTOR THE	5 4,507		
		1 1 1 1	7 71 0	20				

6. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: White

1 TES XX NO

12:55 P M

Mass.

Interval Batween Onaet and Death

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

OF DEATH? 1 YES 2 NO

28d. DESCRIBE HOW INJURY OCCURED

Randallstown

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

COMPLETION OF CAUSE

1992

Boston.

Baltimore

USA

permit. Pages 1, 2, 3 should

burial-transit

1203-3146

BALTIMORE, MAF

BOX

executed within 13146, death certificate be P.O. OF VITAL RECORDS, law requires that the The this c After death DIVISION HOSPITAL OR ATTENDING I DIRECTOR: A hours after d Item 28 is

0 the

is marked,

FUNERAL I MPORTANT: II

He

23

BY

COMPLETED

BE

9

27. MANNER OF DEATH

5 Pending Investigation

8 Could not be

29b. SIGNATURE AND PHILE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

FFR

Jerome Ginsberg,

'92

Vatural

2 Accident

4 Homicide

3 Suicide

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Feb. Paige C. Toomey 7. DATE OF BIRTH (Month, Day, Year) Dec. 25, 1905 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 1 🛛 M 2 🗆 F 220-10-2497 86 YRS Sa. FACILITY NAME (If not institution, give atreet and number) 9c COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH Randallstown DIRECTOR Meridian Nursing Center RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Baltimore Reisterstown Md. 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 21136 27 W. Chesnut Hill La. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-H yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 18h KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Merchant 8 th Grade Seaman 16. MOTHER'S NAME (First, Middle, Meiden Sumame) 17. FATHER'S NAME (First, Middle, Last) Marion L. Brushmiller William S. Toomey BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 27 W. Chesnut Hill La. Reisterstown. Md. 21136 Mrs. Evie V. Toomey 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Carroll Cremation Service Hampstead. Md. 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 11824 Reisterstown Rd. Eline Funeral Home Reisterstown, Md. 21136 en 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final renal failure disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 2 | 10

28s. DATE OF INJURY (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

132 REGISTRAR'S SIGNATURE LEVEL

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

29a. CERTIFIER

Thank only

To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

8630 Liberty

28c. INJURY AT

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

Plaza

1 YES 2 NO

29c. LICENSE NUMBER

Mall:

-0964

DHMH-18 Rev 1/89

77---

5

FFB 1 0 '92

	1. DECEDENT'S NAME (First, Middle, L				TE OF		2. DATE OF DEATH	DAY	YEAR 92	3. TIME OF DE
\	Emma C. Upp	erco 5. sex	8. AGE (In yrs. last i	birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	2 5		-	PLACE (State or
)	217-16-2202	1 🗆 M 2 🔯 F	68	YRS. MONT		HOURS MIN.	(Month, Day, Year)	23	Country	b
-	9e. FACILITY NAME (If not institution,			9b.		OR LOCATION OF D		9c. COUN		
DIRECTOR	551 Old West RESIDENCE OF DECEDEN		Pike			minste:	r.	Ua	rro	
JIRE		arroll		10c. CITY, TO		tminste:	n			10d. INSIDE CI LIMITS? 1 YES 2
	10e. STREET AND NUMBER	arroll			11 - 10	H. ZIP COOE		10g. CITI2		HAT COUNTRY
ER/	551 Old West	minster :	Pike			21157		U.	S.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDE	NT EVER IN U.S. ARM 1 YES 2 NO WAR OR DATES	ED)	it yea, ap		NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yee or No-	Black,	- American in White, etc. hite
ED	15. DECEDENT'S	EDUCATION		EDENT'S USU			18b, KIND OF E	BUSINESS/IND		
Ш	(Specify only highest Etementary/Secondary (0-12)	College (1-4 or 5	life (e kind of work o Do NOT use reti	one during m ed.)	ost of working				
COMPL	12		W	orker			State	of N	ID/A	ssess
00	17. FATHER'S NAME (First, Middle, Las						AME (First, Middle, Maid			
BE	D. Marshall 190. INFORMANT'S NAME (Type/Print)			MAN INC. 455	DE00 (0: :		e Banker		0-40	
5	Mr. Myron Un		100				ter Pike			naton
	1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify)		of cemetary.	crematory or ot	her place)	netery	2/8 1	Iniont	own	- MD
	21. SIGNATURE OF FUNERAL SERVICE		11-1	oree	Pri	tts Fun	eral Hon	ne & C	Chap	el
	Robert K	Pritts, or complications the	ST.	oth. Do not e	22. NAME A Pri 412 Other the me	tts Fun Washin	eral Hongton Rd.	ne & C	Chap stmi	nster
NC	23. PART i. Enter the diseases ahock, or heert fell immediate Cause (Finel disease or condition reaulting in desth)	pritts of or complications the lare. Liet only one complications to the lare.	est coveed the deepuse on each line.	oth. Do not e	22. NAME A Pri 412 Other the me	tts Fun Washin	eral Hongton Rd.	ne & C	Chap stmi	nster
CATION	23. PART i. Enter the diseases shock, or heert fell immediate cause (Finel disease or condition reaulting in desth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	Pritts, or complications the	est coveed the deepuse on each line.	oth. Do not e	22. NAME A Pri 412 Other the me	tts Fun Washin	eral Hongton Rd.	ne & C	Chap stmi	el nster
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pay 6 mm, he mained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral electron page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be partially at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYI		TMENT OF H		MENTAL	HYGIENE REG. NO.	2 6	04012
1. DECEDENT'S NAME (First, Middle, Lagt) 4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	JE UNDER 24 HRS.	7. DATE 0	F BIRTYN	- 42	3. TIME OF DEATH
9a. FACILITY NAME (If not institution, give s	1 M 2 □ F	76 96ras.	9b. CITY, TOWN (OR LOCATION OF D	11- 2	29 - 95		ryland
Knollwood Nurs	Ing Home		Mille	rsville		A	nne Ar	undel
Maryland Howa			y, TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6336 Cedar Lane, A	Int. 135		10	21044		104		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YES IF YES, GIVE WAR OR I	2 NO	It yes, sp	ENDENT OF NISPAI ecity Cuban, Maxica 2 XNO Specif	n, Puarto Ri	(Specify Yea or N can, etc.)	Blac	A. DE — American Indian, ok, White, etc. City: White
15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	1/16. Do NOT us	vork done durina mo	ON ost of working		S. GOVE		t
17. FATHER'S NAME (First, Middle, Last) unkr	nown			18. MOTHER'S NA		ddle, Maiden Surne	ime)	
19a. INFORMANT'S NAME (Type/Print) Ernest B. Wrenn,	Ton			and Number or Rural				
20s. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rem	20	b. PLACEAND DATE Cometery, crematory or of 1. Vetera	EDISPOSITION /No	Ridge I	DATE		ON - City or T	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	d the deeth. Do neech line. A CONSEQUENCE OF A CONSEQUENCE OF	4112 (not enter the mo	da of dying, auc	nbia I	ike Ell	icott	Approximate Interval Batweer Onset and Dasti
cause. Enter UNDERLYING CAUSE (Disease or injury that inlitated events resulting in death) LAST	eDUE TO (OR AS	A CONSEQUENCE OF	F):					
PART II. Other algnificent condition	a contributing to death	but not resulting I	n the underlyin	g ceuse given in		PERFORMED:		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATN (Ch	eck only one)			
1 YES 2 NO 27. MANNER OF DEATN	1 Inpetient 2 ER/Out	petient 3 DOA	4 I Nursing Nom	e 5 Residence		Specify)	V OCCUBED	
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Dey, Year) 28e. PLACE OF INJUR	Y — At home, farm, s	M 1 .	PRK? YES 2 NO	281, LOCAT	ION (Street and No		Route Number,
4 Nomicide determined 29e. CERTIFIER (Check only 1 CERTIFYING PNYSI	CIAN: To the best of my know	wledge, death occurre			to the cause			
296. SHAMPURE AND TITLE OF CERTIFIES COLL S - M	horles was			29c. LICENSE NUI	MBER 728			a) and manner as stated. D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH Paul S. Phuc 31. DATE FILED (Month, Day Year)	125 Mg.	1667 (of tu	Cert	4 (ref to	- M	4.21114
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for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reright TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner midst be not

DIVISION OF VITAL RECORDS, P.O.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF HEAL	TH AND ME	NTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	TO SEPH	WILL	15	2.	DATE OF DEATH DA	7 95	3. TIME OF DEATH 0/20 AM
	4. SOCIAL SECURITY NUMBER 217 34 0068	5. SEX 6. AGE		IF UNDER 1 YEAR IF U		DATE OF BIRTH (Month, Day, Year) 4-14-	, Cou	THPLACE (State or Foreign Intry) 95/11976
TOR	SOLITHER (If not institution, give Solither M. RESIDENCE OF DECEDENT	D. Hose	ital	CLINTO	CATION OF DEATH		Prince	
DIRECTOR	10e. STATE 10b. COUNT	arles	10c. CITY,	TOWN OR LOCATION	7			10d. INSIDE CITY LIMITS? 1 PYES 2 NO
FUNERAL	3002 Galle	ry Place	, T4	10f. ZIP (CODE 1-0601		10g. CITIZEN O	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 MNO	13. WAS DECENDED If yes, specify (1 PYES 2 P	Cyban, Mexican, Pr	ORIGIN? (Specify Yes uerto Rican, etc.)	81	CCE - American Indian, ack, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION s completed) College (1-4 or 5 +)	16a. DECEDENT'S U: (Give kind of wo life. Do NOT use	rk done during most of w	vorking	16b. KIND OF BUS	I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Diack
MPL	12th		Far	mer		Far	ming	
BE CO	17. FATHER'S NAME (First, Middle, Last)			16. I	Viola	First, Middle, Malden :	Sumerne)	
2	Mary Brown	V	19b. MAILING A	Prince P	mber or Rural Route	Number, City or Town	arlboro	Md 20772
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donation 8 Other (Specify)		PLACE AND DATE OF	DISPOSITION (Name of Ca. Halic C	h Con	0ATE 20c. LOG	CATION - City or	111
	21. SIGNATURE OF FUNERAL SERVICE LI	censee . Est	to)	Adams H	DRESS OF FACILITY	Hame P	1 4	de seco Med
	23. PART I. Enjer the diseases, or	complications that ceused List only one ceuse on e	the death. Do no	t enter the mode of	dying, such sa	cerdlec or respli	ratory errest,	Approximats
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	MULTIFOC	ALHEN	VORRHAG	IC LEV	COENA	- PHALO	Interval Between Onset end Deeth
NOI	Sequentially list conditions, if any, leading to immediate	b. GNOTO COLAS	CONSEQUENCE OF:	SWAL	-PAIL	WED Or	draf	पुर्वा ऽ
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	C. DUE TO LOR AS A	CONSEQUENCE OF):	2101				1
CERT	resulting in death) LAST	a. CARD	AZ H	KKAIH	MA			
DICAL	PART II. Other significant condition	ns contributing to death b	ut not resulting in	the Underlying ceu	se given in Per	24a, WAS AN A PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC								1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	OF OEATH (Check o			
PHYS	27. MANNER OF DEATH	1 Dinpatient 2 ☐ ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (Other (Specify) 1. DESCRIBE HOW IN	JURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, ferm, stre	M 1 TES		LOCATION (Street a	nd Number or Run	I Route Number,
LETEI	4 Homicide determined		-			City or Town, State)		
COMPLETED	(Check only	ICIAN: To the best of my knowl ER: On the basis of examination						e(s) end manner es stated.
TO BE	294 SIGNATURE AND TITLE OF CERTIFIE	WO M)		230	21	29d. DATE SIGN	ED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WH	A,7-010	DST OFF	filed:	WALL	DORF. N	1d. 2	0602
	FFR 06 92	32. REGISTRAR'S SIGN.	SON-Randelle					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) JEROME FRANCIS WOODS 2 :30 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 093-09-3465 1 X XM 2 - F VRS 7-30-1912 New York 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Dorchester General Hospital Cambridge Dorchester RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10s STATE 10h COUNTY Maryland Talbot Trappe 1 YES 2 XXNO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 29245 Howell's Point Road 21673 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 XX Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 WES 2 X NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Lawyer orfer. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) William P. Woods Elinor Murtagh notified at BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 29245 Howell's Point Rd., Trappe, MD. 21673 Mary M. Woods pe 20a, METHOD OF DISPOSITION
1 N Burial 2 Cremation 3 Removal from State
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c: LOCATION - City or Town, State must Joseph's Toms River, NJ RomanCatholic 22. NAME AND ADDRESS OF FACILITY
Newnam Funeral Home examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Newyas 200 S. Harrison St., Easton, MD medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heert fellure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final signed by the attending physician and completely filled Health and Mental Hyglene prior to burial, cremation, it was any inlury, or other traumatic event, the I disesse or condition SEPTIC SHOCK 4 ours resulting in death) TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST e Dept. of Health and Mental H m 23 shows any Injury, or PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS DISORI COMPLETION OF CAUSE ALZHEIMER DISEASE YES 2 X NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? s certificate has th the State De d, or item 2 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Impetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident
3 Suicide 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) -COMPLETED 6 Could not be determined 4 Homicide item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. TO THE FUNERAL OD TO THE WITHIN 72 KM IMPORTANT; If IN my coinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, EDWIND MacLAUGHLAN 29c. LtCENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MD 2 E OF DEATH (ITEM 27) (Type, Print) a 32. RESTRAR SIGNATURE HISTRARY SIGNATURE PANDAGE

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 memorial for the annual control of the funeral director page 5 memorial for the funeral director.		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be new
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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR				MENTA	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	Y	3. T	ME OF DEAT	Г Н
	Onlest Quinto				County I		1	3	0 9	2 8	3:50	
		SEX 6. AGE (In	yrs. lest birthday) _	IF UNDER		OURS MIN.	(Monti	of BIRTH h, Day, Year) 3 - 97		Country)	E (State or Fo	
	9a. FACILITY NAME (If not institution, give stree	t and number)	94	9b. CITY	Y, TOWH OR	LOCATION OF D		3-97	9c. COUNTY		abama	
DIRECTOR	Bradford Oaks N	Nursing Ho			Clint				Prin		Georg	
뿐	10a. STATE 10b. COUNTY				OR LOCATIO					2.47.0	INSIDE CITY	
	Md. Pri 100. STREET AND NUMBER	nce George	e · S]	CI.	intor	P CODE			10g. CITIZEN		YES 2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	900
EB	7520 Surratts	Road				207	735			USA		
S.	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN FORCES? 1 YES		13.		DENT OF HISPA	NIC ORIGI				merican Indi	en,
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT				NO Specif				Specify:	Whit	е
	18. DECEDENT'S EDUCAT (Specify only highest grade co		18a. DECEDENT'S (Give kind of w	ork done	during most	of working	18b	KIND OF BUSI	NESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us		ter		1	Car	pent	rv		
OM	17. FATHER'S NAME (First, Middle, Last)			L		S. MOTHER'S NA	ME (First,			- 1		
BEC	Henry Williams					Vasht	i N	orris				
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Donald E. Williams Rt.1, Box 306, White Plains, Md. 20695 20c, METHOD OF DISPOSITION 20th PLACE OF DISPOSITION (Name of computery, cremetory or 20c, LOCATION — City or Town, State											
di.	20a, METHOD OF DISPOSITION 1 A Buriet 2 Cremetion 3 Memore 4 Donation 8 Other (Specify)	al from State	other place)				+05	200				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	WIF /	shingt	22	. NAME AND	ADDRESS OF FA	CILITY I.	ee Fill	neral	Hom	e. In	c.
	· /home /	114		6	6633	Old Al	Lexa	nder 1	Ferry	Roa	d	
	23. PART I. Enter the diseases, or cos					on, Md.			atory erres	1,	Approxim	ste
	shock, or heert fellure. Lju IMMEDIATE CAUSE (Finel	ft Dnly one cause on es	ch line.							.	Interval B Onset sn	
	disease or condition	ARTELLO	SCLERE	STR		CARDI	SUA	ECUCA	A DI	SEAT	3	
		DUE TO (OR AS A	CONSEQUENCE OF	ን:								
NO N	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF	า:								
CAT	If eny, leeding to immediate cause. Enter UNDERLYING											
RTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	ን:								
CER	d.									- 1		
	PART II. Other significent conditions	contributing to death bu	t not resulting i	n the u	inderlying	ause given in	Part I.	24a. WAS AN A			E AUTOPSY F	
MEDICAL								1 YES 2		CON	PLETION OF DEATH?	
ME						_	_			1 [YES 2	NO
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL				40 PM 41	- OF BEITH #	tiel est e					
SICI	EXAMINER?	HOSPITAL:	etlant 3 🗆 DOA	QTHE	R:	8 Raeldance						
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF	28c. INJUI	Y AT		SCRIBE HOW IN	JURY OCCUP	RED		
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	ing.	URY M	1 TYE	8 2 NO						
EDE	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, s	street, fac	ctory, office			CATION (Street a or Town, State)	nd Number or	Rural Route	Number,	
	AAA OFFITIEIFF \	1										
COMPL	CONTROL ONLY	AN: To the best of my knowle									Salu ya	
00		On the basis of examination	micror investigatio	m, in my				and place, and				
BE	29b. SIGNATURE AND TUTLE OF CERTIFIER	V	m			D -(S	2CL	15	29d. DATE S	304	oth, Day, Year,	,
2	30 NAME AND ADDRESS OF PERSON WHO								,	0		

29b. SIGNATURE AND TITLE OF CERTIFIER	D-18545	29d. DATE SIGNED (Mgnth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		

32. REGISTRAR'S MENATURE
GUNA DAMISON-Randelle JAN 31 1992



BALTIMORE, MARYLA

ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	ANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical
0	E
ation,	the
crem.	rvent,
burial	atic e
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hours	Item
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4. soci 579 9a. FAC F RESID 10a. STA	EDENT'S NAME (First, Middle L		C L	:KI 11-	ICALE OF	DEATH	REG. NO)			
579 90. FAC F RESID 100. STA	CAL SECURITY NUMBER $0-40-8752$, Last)			1 10	BEATT	2. DATE OF DEATH	·	3. 7	IME OF DEATH	
579 90. FAC F RESID 100. STA	9-40-8752	eth	F.	11	1hitti	old		DAY	YEAR 992	17300	0.04
9a. FAC		5. SEX	8. AGE (In yrs. less	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			E (State or Foreign	7 94
9a. FAC		1 🗆 M 2 🖵 F	0.6	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)		
F RESTE		, give street and number)	86		9h CITY TOWN	OR LOCATION OF E	01-28-1		MISS TY OF DEATH	issipp	i
RESID 10e. STA	airland N										
10a. STA	DENCE OF DECEDE	NT HOI	ne		5110	er Spri	ng	Mor	ntgom	ery	_
	ATE 10b. C	COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d.	INSIDE CITY	
	ryland	Montgomery	7		Takoma	Park				LIMITS?	
100. STF	REET AND NUMBER					f. ZIP CODE		10g. CITIZ	EN OF WHAT		
100. STF	051 Carro	ll Avenue	#1208			2091	2		U.S	~	
5 11. MARI	RITAL STATUS		T EVER IN U.S. ARI		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye	a or No-		merican Indian, la, atc.	
	lever Married 2 Married Vidowed 4 Divorced	IF YES, GIVE W	YES 2X N	Ю		ecify Cuban, Maxic 3 2 NO Speci	an, Puerto Rican, etc.)		Black, Whi Specify:	le, atc.	
						- A			Cauca	asian	
Elem	15. DECEDENT' (Specify only highes	S EDUCATION It grade completed)	16a. DE0 (G/	CEDENT'S	USUAL OCCUPATI rork done during m e retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDL	JSTRY AT	merica	
Elem	mentary/Secondary (0-12)	College (1-4 or 5 +)								
¥		2yrs	As	SIS	t. to	Preside	nt Print	ing 1	Indus	tries (Of
17. FATH	HER'S NAME (First, Middle, La					18. MOTHER'S NA	AME (First, Middle, Maider	Surname)			
	Drew S. Wh					Jess	ie Deter	ly			
O 19a. INF	FORMANT'S NAME (Type/Print					and Number or Rural	Route Number, City or Tox	vn, State, Zip (Code)		\Box
	Nancy Miha	lick		2137	0 Naun	nann, El	JCLID. OF	io.	44123		J
1 🗆 Bui	ETHOD OF DISPOSITION urial 2 Cremation 3	Removal from State		NDDATE	FDISPOSITION (N				Ity or Town, S		
	onation 5 Other (Specify		Georg	reto	wn Med	School Sc	Was	hina	ton,	D C	
21. SIGN	NATURE OF FUNERAL SERVI	ICE LICENSEE	7						_		
	ART I. Enter the discusses	11/1			Aus	tin Roj	ster Fur	eral	Home		- 1
Sequer if any, ceuse. CAUSE that init resulting	DIATE CAUSE (Final Be pr condition ing in death) entially list conditions, leading to immediate. Enter UNDERLYING E (Disease or injury itilated events ing in death) LAST	b	(OR AS A CONSECUTION AS	UENCE OF):): n the underlyin	allsea		RMED?	AWAIL COMP DF DI	AUTOPSY FINDING ABLE PRIOR TO LETION OF CAUSE ATHY YES 2 NO	ath
ZE WAS	CASE REFERENCE TO MEDICIMINERY	HOSPITAL:			OTHER:		6 Other (Specify)				
24. WAS 1 D 27. MANN	YES 2 DINO	HOSPITAL: 1 □ Inputient 2 □ 28s. DATE OF	INJURY	DOA 265. TIME	OTHER:	e 5 🗆 Rasidenca		NJURY OCCU	IRED		
21. MANN	MINERY YES 2 DATO	HOSPITAL: 1 Inpellent 2 Inpell	NJURY MA	26b. TIME INJ	OF 286 BW	e 5 Residence	6 Other (Specify)	NJURY OCCU	RED		
27. MANN 1	INER OF DEATH Netural 5 Pending	HOSPITAL: 1 Inputient 2 20s. DATE OF (Month, Date of be building.)	INJURY	26b. TIME INJ	OF 286 BW	e 5 Residence	6 Other (Specify)	and Number of			
21. WAS EXAMINED TO THE PROPERTY OF THE PROPER	INER OF DEATH Netural 5 Pending Investige Sulcide 6 Could in detarming RTIFIER 1 CERTIFYING	HOSPITAL: 1 Inputient 2 20s. DATE OF (Month, Date of be building.)	BUJURY — At home to (Specify)	26b. TIME INJA in, farm, at	OTHER: LIMITING Hon OF 286 IN, WC 1 I	e 5 Rasidenca	Other (Specify) 26d. DESCRIBE HOW I 281. LOCATION (Street City or Town, State) to the cause(s) and mar	and Number of	r Rural Route N	umber,	
27. MANN 1 2 3 3 5 4 1 1 29a. CER (Checone)	INER OF DEATH Netural 5 Pending Investige Sulcide 6 Could in detarming RTIFIER 1 CERTIFYING	HOSPITAL: 1 Inputient 2 28s. DATE OF (Month, De building, steel 28s. PLACE OF building, steel PHYSICIAN: To the best of a	BUJURY — At home to (Specify)	26b. TIME INJA in, farm, at	OTHER: LIMITING Hon OF 286 IN, WC 1 I	e 5 Rasidenca	8 Other (Specify) 26d. DESCRIBE HOW I 281. LOCATION (Street City or Town, Stele) to the cause(s) and man time, data and placa, an	and Number of	r Rural Route N	umber, nannar aa stated,	
27. MANN 1 2 3 3 3 4 1 1 2 2 2 2 4 2 1 2 2 2 5 5 1 3 4 2 1 2 2 5 5 1 3 6 5 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	INER OF DEATH Netural 5 Pending Investige Suicide 6 Could net detarming the color of the co	HOSPITAL: 1 Inputient 2 Inputient Inputient 2 Inputient Inpu	inclury wheel structure struc	26b. TIME PLA in, farm, at th occurre- vestigation	OF 25 M. W.	e 5 Residence unty AT Pik? TES 2 NO and place, and due seth occured at the	8 Other (Specify) 26d. DESCRIBE HOW I 281. LOCATION (Street City or Town, Stele) to the cause(s) and man time, data and placa, an	and Number of	r Rural Route N	umber, nannar aa stated,	
27. MANN 27. MANN 1 2 1 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	INER OF DEATH Netural 5 Pending Investige Suicide 6 Could in detarming the process of the proce	HOSPITAL: Inputient 2 Inputi	SNJURY — At home inc. (Specify) — At home inc.	25b. Time on a	OF 25 M. W.	e 5 Residence UNITY AT PIKE TES 2 NO and place, and due anth occurred at the 29c. LICENSE NUI	8 Other (Specify) 26d. DESCRIBE HOW I 281. LOCATION (Street City or Town, Stele) to the cause(s) and man time, data and placa, an	nner as stated due to the	r Rural Route N	umber, nennar as stated. 1, Doy, Year)	

203-3146

BALTIMORE, MARY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after each prese may be required by the attending physician and completely filled in by the current decay, may be should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the marked, or litem 23 shows any injury, or other traumatic event, the medical current must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR		CERTIFIC	ATE OF DEATH	REG.	NO.	
1. DECEDENT'S NAME (First, Middle, Last)	0511	a Sepan	K	2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. lust birthday) IF	UNDER 1 YEAR IF UNDER 24 HF	s. 7. DATE OF BIRTH	16 43	BIRTHPLACE (State or Foreign
094-01-5316	1 🖳 M 2 🗆 F	89 YAS. MO	NTHS DAYS HOURS MI	(Month, Day, Yea 7-29-1	902 B	oston, MA
9a. FACILITY NAME (If not institution, give s Brookgrove Nu			Olney	F DEATH	9c. COUNTY Mon	tgomery
10a. STATE 10b. COUNT			OWN OR LOCATION		Md	10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Montgomery	1 184	30 Brookgro	ove Road,		1 VES 2 NO
18430 Brookgr			2104			U.S.
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D		13. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 X NO S	xican, Puerto Rican, etc.)	RACE — American Indian, Black, Whita, atc. Specify: aucasian
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USI (Give kind of work	done during most of working	16b. KIND OF	BUSINESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+) 4VYS	ille. Do NOT use re	tired.)	Mont	gomerv	Co. School
17. FATHER'S NAME (First, Middle, Last)	-7		18. MOTHER'S	NAME (First, Middle, Me		000 0011002
Earnest Wad	brook			Effie F	ercy	
19a. INFORMANT'S NAME (Type/Print)			ORESS (Street and Number or R	ural Route Number, City or	Town, State, Zip Co.	20010
Clare Wadbr						y Chase, MD
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ram 4(1)Donation 5 Other (Specify)	oval from State	other place)	n Med. Sch		LOCATION — City Vashing	
21. SIGNATURE OF FUNERAL SERVICE LI		COLGCCON	n Med. Scho	F FACILITY ALCO	-/ Roysta	- F.H.
Melia 9. 40	-F887		3605 14th			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	с	A CONSEQUENCE OF): A CONSEQUENCE OF):				
resulting in death) LAST	d					
PART II. Other significant condition			the underlying cause give	PE	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)		I
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	nce 6 - Other (Specify,		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME C	F 28c. INJURY AT	28d. DEŞCRIBE H	OW INJURY OCCUP	RED
2 Accident Investigation 3 Suicide s Could not be 4 Homicide determined	28e. PLACE OF INJUR' building, etc. (Spe	Y — At home, farm, stre	et, factory, office	28f. LOCATION (S) City or Town, S		Rural Route Number,
anal anal			at the time, date and place, and in my opinion, death occured a			
296. SIGNATURE AND VITLE OF CERTIFIE	R		29c. LICENSE	NUMBER		IGNED (Month, Day, Year)
- response.	MU		D3	3700	1-	16-92
	WE MC	EATH (ITEM 27) (Type, Pr	OLNIEX	MARY	AND	
31. DATE FILED (Month. Day. Year)	32. REGISTIAR'S SIGN	VATURE Rande	00			
31. DATE FILED (Month, Day, Year)		MATURE 241 dSon-Rando	se content	MACI	-AIV!	

RYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						OAIL	. 0.	DLA			HEG. NO.		_	
	1. DECEDENT'S NAME (First, A	-	YN	WiL	0.0	.)				2. DATE (OF DEATH DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX						United States	1	22	_ 0	1 2	522 DH
	074 28 1075		1 M 2 K F	6. AGE (In yrs. las	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE C	Day, Year)		8. BIRTHP Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not insti			30				b. CITY, TOWN OR LOCATION OF DEAT			New York Sc. COUNTY OF DEATH			
œ	Bowie Ho	-		ED				JIE	ON OF DE	ATH				
8	RESIDENCE OF DECE		A CENT	CIC			0 4	210				PRINCE GEORGEU		
R	10a. STATE	10b. COUNTY			10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
ā	MD	Panc	e Geo	rfeij	7	300	UIT	t						1-XYES 2 NO
₹	10s. STREET AND NUMBER						101	ZIP COD	E		10g. CITIZEN OF WHAT COUNTRY			HAT COUNTRY?
FUNERAL DIRECTOR	2404 K-	ace	2071.							Uni	ted S	tates		
5	11. MARITAL STATUS 1 □ Never Married				MED	13. 1	MAS DEC	ENDENT C	OF HISPAN	IIC ORIGINA	(Specify Yes	or No-	14. RACE Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divorc		IF YES, GIVE V		17							Specify	white	
0		DENT'S EDUC		16a, DE	CEDENT'S	USUAL OC	CUPATIO	ON			KIND OF BUS	INESS/IND	USTRY	70 17 10
7	(Specify only I Elementary/Secondary (0-1)		College (1-4 or 5	(Gi	ive kind of w Do NOT us			st of workli	ng					
MP			4		Home	emake	er				Own	Home		
COMPLETED	17. FATHER'S NAME (First, Mide	dle, Last)									iddle, Maiden			FULL
BE	Earl Bruce										Ringe			
2	Donald D. W:			198	2/10/	ADDRESS	(Street a	nd Number	or Rural F	Houte Number	r, City or Town	, State, Zip	Code)	
	20a. METHOD OF DISPOSITIO								DOW	_	_			
	1 ☐ Buriel 2 ☒ Cremation 4 ☐ Donation 5 ☐ Other (S	3 🗆 Remo	oval from State	20b. PLACE A cemetery, cre	matory or ot	her plece)				DATE			City or Tow	
	21. SIGNATURE OF FUNERAL		ENSEE	Metro	DOT1					CHITY	Alexandria Virginia			
	Relight	-6	FIRE	D	22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home,					me,	P.A.			
-	noveu		Lun	D, 11	B.		1600	0 An	napo	lis F	Rd. Bo	wie l	Mary1	and 20715
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
	resulting in death) LAST		l											
PHYSICIAN: MEDICAL C	PART II. Other eignificent	PART II. Other eignificent conditione contributing to deeth but no					oot resulting in the underlying ceuse given in Part I				PERFORMED?			WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
¥	25. WAS CASE REFERRED TO	MEDICAL					26 PI	ACE OF D	EATH // he	ck only one				
SIC	EXAMINER? 1 XYES 2 □ NO		HOSPITAL:	SER/Outpetlant 3	□ DOA	OTHER	t:			6 🗆 Other				
Ä	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIME	E OF	28c. INJ	URY AT	sidence		RIBE HOW IN	JURY OCC	URED	
ВУР	Natural 5 Pe	ending veatigation	(Month,)	A	INJ	M		RK? ES 2] NO					
	3 Suicide 6 Co	ould not be	28e, PLACE O	F INJURY — At hor	me, ferm, s	treet, facto	ory, office			281. LOCA	TION (Street a	nd Number	or Rural Ro	ute Number,
COMPLETED	4 Homfolde de	termined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Oily bi	iown, date)			
립	29a. CERTIFIER (Check only	YING PHYSIC	CIAN: To the best of	my knowledge, de	eth occurre	d at the ti	me, date	end place	, and dua	to the caus	e(a) and man	ner as state	ed.	
Š	one) 2 MEDICA	AL EXAMINER	R: On the basis of a	ramination and/or l	nvestigation	n, In my o _l	pinion, d	eath occur	red at the	time, date a	nd place, and	due to the	e cause(a)	and manner as stated.
BE	Paulant Paulant	WST.	ew !	Exam	ned	cal			ENSE NUM					Month, Day, Year)
2	30. NAME AND ADDRESS OF P	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEN	1 27) (Type,	Print)		-	111		tsvill	,	4.4 =	1/2
	TAVI A. D		LE MA				UM	1 Ra	in	yar	5014	e n	18 2	1810
	31. DATE FILED (Month, Day, Yes	3 1992	32. REGISTRA	R'SIGNATURE Davidon	gande	22								
	JAN 20		0											



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be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or amending physician. MARYLAND 21215-0020 BALTIMOBE TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plays 20 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ed at once.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

FOR STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICALE O	F DEATH	REG. NO),		
	1. DECEDENT'S NAME (First, Middle, Last)	(107.0)	ler.					EAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	WRIGH					72 199		
	578–96–7355	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) NOV 26.		BIRTHPLACE (State or Foreign Country) MARYLAND	
	9e. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
TOR	PRINCE GEORGE'S	HOSPITAL		CHEVE	RELY		PRINC	E GEORGE'S	
ñ	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY	
L DIR	MARYLAND PRINCE	E GEORGE'S	LA	ANDOVER				1 X YES 2 NO	
FUNERAL DIRECTOR	1109 CAPITOL VIEW	V DR APT 5	24	10f. ZIP CODE 20785			USA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR C	27 NO	If yes, specify Cuben, Mexican, Puerto Rican, etc.) I TYES ZYNO Specify: Specify:				RACE — American Indian, Black, White, etc. Specify: BLK	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. OECEDENT'S	USUAL OCCUP	TION	16b. KIND OF BU	SINESS/INOUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during see retired.) UCTION		PVT			
2	17. FATHER'S NAME (First, Middle, Last)				46 1407115010 11	AME (First, Middle, Maiden			
BE C	UNKNOWN				EMMA	WRIGHT	sumame)		
TO E	190. INFORMANT'S NAME (Type/Print) CORA E. DIGGS					Route Number, City or Tow		OVER MD 20785	
		20	b. PLACE AND DATE					or Town, State	
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remoted Donation 5 Other (Specify)	H	CARMONY M			1-28-92	LANDO		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0	22. NAME	AND ADDRESS OF	CUTENKINS	FUNERA	L HOME	
	Semme 6	Heal >	w		LANDOVET		ANDOVER		
	23. P. I. Enter the decases, or can shock, or meet fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liat only one ceuse on a	esch line.			ch as cerdlec or resp	iratory arrest	Approximate intervel Between Onset and Death	
z	disease or condition resulting in death) a. Due to (or as a consequence or): Let a f a f a f a f a f a f a f a f a f any, leading to immediate Due to (or as a consequence or): Due to (or as a consequence or):								
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING								
FIC	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE C	NF):					
EH	resulting in death) LAST	d							
	PART II. Other algnificent condition	a contributing to death	but not resulting	in the underly	ing cause given in	Part I. 24a, WAS AN	ALITOPRV	24b. WERE AUTOPSY FINDINGS	
EDICAL	Corgulop	ally ,			topen	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
					/			1 TYES NO	
Z									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C				
¥	27. MANNER OF DEATH	Inpatient 2 ER/Out	patient 3 L DOA		ome 5 Residence				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY	NJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUR	ED	
	3 Suicide 6 Could not be determined	26e. PLACE OF INJUR building, stc. (Spe	Y At home, farm, ecify)	street, factory, o	ffles	281. LOCATION (Street City or Town, State)		Rural Route Number,	
PLE	290. CERTIFIER (Check only	CIAN: To the best of my know	wledge, death occur	red at the time. d	its and place, and due	to the cause(a) and me	finer ss stated		
COMPLETED								suse(s) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Drift	500		29c. LICENSE NU	MBER Q G Q A	29d. GATE SI	GNED (Magth, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF O	FATH (ITEM 27) (3-	Print)	1 2	0778	1 / -	2372	
	30. NAME AND ADDRESS OF PERSON WHO				k md	2070	8		
	31. DATE FILED (MONT). DO 800 1992	32. REGISTRARY SIGN	Box Rande	82					



I had a formal

BALTIMORE, MARYLAND 21215-0020	e 6 may be retained by the hospital or attending physician.	ector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Debt, of Heath and Mental Hypere prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, La	at)	CENTIFIC	AILOF	DEATH	2. DATE OF DEA		3. TIME OF DEATH					
and the same of	MARIE	Woo	20 811	(49	MONTH		YEAR 1:18 A					
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	IRTH (Ser) (State or Foreign Country)						
219-76-1990	1□M2⊠F 72	YRS.	ONTHS DAYS	HOURS MIN.	July 2	5,1919	Maryland					
Se. FACILITY NAME (If not institution, give street end number) ST MARYS HOSPITAL LEONARDTOWN ST												
ST MARYS	HOSPITA	36	LEON	MADE	own	57	MARY					
10e. STATE 10b. COU	4TY	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY					
	Mary's	Leo	nardto	own			1 TYES 2 NO					
104. STREET AND NUMBER			10	. ZIP CODE			EN OF WHAT COUNTRY?					
Route 1 Box 1				20650			S.A.					
1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes, sp	ecify Cuben, Mexico	NIC ORIGIN? (Speci an, Puerto Rican, at	fy Yes or No— 1	 RACE — American Indian, Black, White, etc. 					
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 YES	2 NO Specif	у:		Specify: WHITE					
15. DECEDENT'S E (Specify only highest gr		16a. DECEDENT'S US	BUAL OCCUPATION MICH MINING MINING	ON sst of working	16b, KIND O	F BUSINESS/INDU	STRY					
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	112-7-6	and the second								
12th Grade 17. FATHER'S NAME (First, Middle, Last)		Housew:	lie	Total and the second	Но							
Joseph	Norris				ME (First, Middle, M	siden Surname)	The same of					
190, INFORMANT'S NAME (Type/Print)	WILLIS	19h MAH ING A	DOBESS /Street	Luc	Route Number, City o	South Date 27	Thompson					
Francis Abel	l Woodburn						aryland 2065					
20a. METHOD OF DISPOSITION	200	. PLACE AND DATE OF	DISPOSITION /N/	ame of	DATE 20	c. LOCATION — CI	ty or Town State					
1 N Burlel 2 ☐ Cremation 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify) _	moval from State cen	our Ladv	s Cen	eterv 2	2/11/92	Medle	ys Neck, Mary					
21. SKINATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	D ADDRESS OF FA	CILITY							
* Michael Fo	Gardiner						neral Home,					
23. PART /. Enter the diseases, o	r complications that cause	d the death. Do not					aryland 20650					
ahock, or heart failur iMMEDIATE CAUSE (Fine)	e. List only one cause on e	ach line,				ospiratory arro	Interval Between					
disease or condition	· Carcinin	1/2/22					Onset and Daget					
resulting in death)	DUE TO (OR AS /	CONSEDUENCE OF):										
Sequentially list conditions,	· Carena		creas 1	inter 1	uligna	ut asci	tes					
If any, leading to immediate	OUE TO (OR AS A	CONSEDUENCE OF):			1							
CAUSE (Disease or Injury	C. DUE TO (OR AS)	CONSEDUENCE OF):										
that initiated events resulting in death) LAST	DUE TO (ON AS A	CONSEDUENCE OF):										
	d,						İ					
PART II. Other algnificant conditi		out not resulting in	the underlyin	g cause given in	Part I. 24s. W	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
Dialutes 14	elliter				1 U Y	S 2 NO	COMPLETION OF CAUSE OF DEATH?					
							1 TES 2 NO					
	MOSBITAL		28. PI	ACE DF OEATH (Ch	eck only one)							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	I ITMOPTIAL:			e 5 🗆 Residence	6 Other (Specify)						
1 VES 2 (NO	HOSPITAL: 1 Inpetient 2 - ER/Outp			LIFTY AT	28d. DEŞCRIBE H	OW INJURY OCCU	REO					
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH		28b. TIME (Y WC	RK?		Disolution Wellisters Total						
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 (A Inpetient 2 ☐ ER/Outp	28b. TIME (Y W0	RK? /ES 2 ND								
EXAMINER? 1 YES 2 NO	1 Inpatient 2 ER/Outp	28b. TIME (INJUR	Y W0	RK? /ES 2 ND	28f. LOCATION (S City or Town,	treet end Number or Stete)	r Rural Route Number,					
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EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident of Could not a determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON 1	28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, stc. (Special Control of the best of my known NER: On the best of exemination of the best	28b. TIME (INJUR —At home, ferm, stre ledge, death occurred in end/or investigation, ATH (ITEM 27) (Type, Pr	M 1 WC M 1 Set, factory, office at the time, data in my opinion, d	PRES 2 ND ND ND ND ND ND ND ND ND ND ND ND ND	City or Town, to the ceuse(a) and time, date and place	f manner as stated e, and due to the	I. ceuse(e) and manner as stated. SIGNED (Month, Day, Year)					
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DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146.

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last,	ROGY	ERS V	11115	2. DATE OF DEATH MONTH	3. TIME OF DEATH			
1	4. SOCIAL SECURITY NUMBER 218329403	7	(In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF SIRTA (Month, Day, Year)	BIRTHPLACE (State or Foreign Country) NINRTH CAR			
CTOR	9a. FACILITY NAME (If not institution, give	Street and number) PYEN 1	FUE SE	SYS ESV	DEATH 9c. COUNT	TY OF DEATH			
DIRE	Maryland 106. COUN	amol/	10c. CITY, T	OWN OR LOCATION INC.		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 915 Trayer	Avenue		10f. ZIP CODE	784 10g. CITIZ	U, S, A,			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HISP, It yes, specify Cuben, Maxie 1 TYES 2 NO Specify	can, Puarto Rican, atc.)	14. RACE — American Indian, Black, Whita, etc. Specify Whita			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)	Ille. Do NOT usa re	done during most of working	Hair D	BARBER -			
BE COM	17. FATHER'S NAME (First, Middle, Last) LEE RO	y Willi	5	18. MOTHER'S N	NAME (First, Middle, Meiden Surname)	Rogers			
10	190. INFORMANT'S NAME (Type/Print) Mrs. Fave	Fincham	196. MAILING AD 7400 \	DRESS (Street and Number or Aura /illage Rd. A	of Noute Number, City or Town, State, Zip of 111 Sy KCSV1	11e, MD 21784			
	20a. METHOO OF DISPOSITION 1 Grant Burlal 2 Semantion 3 Re 4 Donation 5 Other (Specify)	moval from Stata	other place)	ON (Name of cemetery, crematory of	Servi Hamp	Stead, MD			
	21. SIGNATURE OF FUNERAL SERVICE I	R. Nay	Set	22. NAME AND ADDRESS OF HAIGHT F	WERAL HOME E. MD 21784	(P.O. BOX 195)			
	23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. ALV T	A CONSEQUENCE OF:		AL INF	Intervel Between Onset and Death			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
MEDICAL C	PART II. Other algnificent condition	ons contributing to death	but not resulting in	the underlying cause given i	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN: N	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check anty one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	6 ☐ Other (Specify)				
Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C		28d. DESCRIBE HOW INJURY OCC	URED			
TED B	3 Suicide 6 Could not b 4 Homicide determined	26a. PLACE OF INJUR building, atc. (Sp	IY — At home, farm, atre	et, factory, offica	26t. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,			
COMPLE	CONTROL ONLY				us to the cause(s) and menner as state the time, data and piece, and dus to the				
BE	290. SHOWETURE AND TITLE OF GENETIF	rellver	MP	29c. LICENSE N	UMBER 29d. DATE > 2	SIGNED (Month, Day, Year)			
TO	PANIEL	I WE	LL) VE	2 MD W	ESTMING	TEN NEX			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEOENT'S NAME (First, Middle	e, Last)		FICATE O		2. DATE OF DEATH			3. TIME OF DEATH	
-		Way				02 C	5 92	YEAR	1407	
)	4. SOCIAL SECURITY NUMBER 236-46-2751	1 🔀 M 2 🗆 F	E (In yrs. last birthday) 60 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year June 12,	,	8. BIRTH	IPLACE (State or Foreign	
HOT	90. FACILITY NAME (If not institution Union Hospita RESIDENCE OF DECEDE	al of Cecil Cou	nty	9b. CITY, TOWN Elkto	On LOCATION OF	DEATH	9c. cour Cec	il	DEATH	
DIRECT	10e, STATE 10b. (Cecil		TY, TOWN OR LOC Lkton	TOWN OR LOCATION CON 10d. INSIDE LIMITS' 1 YES:					
FUNERAL	100. STREET AND NUMBER 31 Shiloh Dri	ve		1	101. ZIP CODE 10g. CITIZEN OF WHAT CO U.S.A.					
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	R IN U.S. ARMED S 2 X NO OATES	If yea, specify Cuben, Maxican, Puerto Ricen, atc.) 1 ☐ YES 2 ☑ NO Specify: Specify:					E — American Indien, k, White, etc.		
LETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	(Give kind of life. Do NOT u	B USUAL OCCUPAT work done during in use retired.)	TION THOSE of working		BUSINESS/IND	USTRY			
COMPL	17. FATHER'S NAME (First, Middle, Li	None de	16 10 10		AME (First, Middle, Meid	,				
TO BE	194. INFORMANT'S NAME (Type/Prin		19b. MAILING	G ADDRESS (Street	t and Number or Rura	Maudie E				
	Dorothy H. Wa	2	06. PLACE AND DATE	OF DISPOSITION //	Name of	. 8, - Ne	wark,	_	19713	
	1 Duriel 2 Cremetion 3 Duriel 2 Donation 5 Other (Specify)) — C	emetery, crematory or CR.A., Ferr	other place)	mpany	1992 W	est Ch	este		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ALCOHOL C. PA 103 West Stockton Street Elkton, MD 21921-5521									
		a, or complications that cause of course on cause on	ed the death. Do eech line.	103 Elk	West St	ockton St	reet			
CERTIFICATION	23. PART I. Enter the disease ahock, or heart for immediate cause. Efficiently is a condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS	R CONSEQUENCE O	103 F1k not enter the m	West St	ockton St. 21921-55 ch as cerdlec or re	reet		Approximate Interval Batw Onast and D	
MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS d. DUE TO (OR AS d.	A CONSEQUENCE O	103 F1k not enter the m	West St ton, MD node of dying, su	ockton St. 21921-55 ch as cerdlec or re	reet	eat,	Interval Batw	
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PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con 28. WAS CASE REFERENCE TO MEDIC EXAMINER? 1 YEE 2 1000 27. MANNER OF DEATH 1 YEE 2 1000 27. MANNER OF DEATH	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE O	I 103 E1k not enter the m Compared to the model of the compared to the compar	Mest St ton. MD node of dying, su AMULA THE COLUMN TO TH	ockton St: 21921-55 ch as cerdlec or re	AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDS WAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?	
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BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant con 29. WAS CASE REFERRED TO MEDIC EXAMINER? T YEE 2 NO 27. WANNER OF DEATH Natural Pending investig investig Pending investig	DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. HOSPITAL: Thomsten And The Institute of the Institute	A CONSEQUENCE O	I 103 E1k not enter the m Continue to the m Conti	The state of DEATH (OF THE STATE OF DEATH (OF THE STATE OF DEATH (OF THE STATE OF T	Described How Company on the Carry of Revent State of the cause(s) and rother cause(s)	AN AUTOPSY CORMED? 2 100 N INJURY OCCION IN INDURA IN INJURY OCCION IN INJURY OCCION IN INJURY OCCION IN INJURY OCCION IN I	24b.	WERE AUTOPSY FINDI AMALABLE PRIOR TO OF DEATH? 1 YES 2 NO	
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DIVISION	-
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		1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART CERTIFIC	MENT OF	HEALTH AND N	MENTAL HYGIE					
		1. DECEOENT'S NAME (First, Middle, Las. Charles F		iddershe			2. DATE OF DEATH	DAY	year 92 8:58	A M		
(P		4. SOCIAL SECURITY NUMBER 196-09-8197	5. SEX 6. AGE (III	In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTIN	1 .	BIRTHPLACE (State or Foreit Country) enna.	gn		
2.2	TOR	98. FACILITY NAME (If not institution, given Memorial Hospi			9b. CITY, TOWN OR LOCATION OF DEATH Easton Talbot							
permit. Pages 1.	DIRECTO	10a, STATE 10b, COUNTY Maryland Tal			Michae			10d. INSIDE LIMITS? 1 \(\text{YES} \) 2		0		
ışı	FUNERAL	100. STREET AND NUMBER 805 Riverv	iew Terrace		10	of. ZIP CODE 21663			10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
-0020 Ing physician. the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISPANI pecify Cuben, Maxican S 2 NO Specify:	C ORIGIN? (Specify , Puarto Rican, etc.)		4. RACE — American Indian, Black, White, atc. Specify: White			
or attend	ETED.		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			ION lost of working	16b, KIND OF E	BUSINESS/INDUS	STRY			
	COMPL	12 17. FATHER'S NAME (First, Middle, Last)		oad	18. MOTNER'S NAM	Stee			_			
TAR tained should	TO BE	19a. INFORMANT'S NAME (Type/Print)	Widdersheim			and Number or Rural Re		fown, State, Zip Co				
60		20e. METHOD OF DISPOSITION	Mary r. Widdersheim 805 Riverview Terrace St. St. Michaels, Md. 2160 200. METHOD OF DISPOSITION 1 Burlel 2 M Cremation 3 Removal from State 200. PLACE AND DATE OF DISPOSITION (Name of complete, crematory of other place) OATE 20c. LOCATION — City or Town, State									
ALTIN death. Pag e funeral dir il. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harrison E. Leonard Funeral Home 312 S. Talbot St. St. Michaels. Md. 21663										
c.O. BOX 68760, certificate be executed within 24 hours af noting physician and completely filled in by Hyglene prior to burial, cremation, or remove other traumatic event, the medical or other traumatic event.	RTIFICATION	23. PART I. Enter the dissesse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								ween easth		
RECORDS, requires that the deal een signed by the att of Health and Meria shows any Injury,	4: MEDICAL CE	PART II. Other significant condition	g cause given in P	n in Part i. 24a: WAS AN AUTOPSY PERFORMED? 1 VES 2 OO COMPLET! OF DEATH								
SICIAN: The law certificate has be the State Dept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATN (Chec				_		
NO PHYSICIA The this certification with the marked, or	ВУ РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ		28d. OESCRIBE NOW	INJURY OCCUP	RED			
TOR: A after d after d series	윤	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif)	— At home, term, stre	est, factory, offic	in .	281. LOCATION (Stree City or Town, State	t and Number or	Rural Route Number,			
= 22 k	COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowled IER: On the basis of examination of	dge, death occurred end/or investigation,	at the time, deta in my opinion, d	and place, end due to	the cause(s) and m	enner as stated.	euse(a) and menner as state	d.		
TO THE HOSPI TO THE FUNER Be filed within IMPORTANT:	O BE	296. SIGNATURE AND TITLE OF CERTIFIE	evel () V	MA		DOS7	15	29d. DATE S	IGNEO (Month, pay, Year)			
6		WMH	NOOD MI)	TH (ITEM 27) (Type, Pr	45000	N Mel	1 -21	601				
		JAN 1 4 199	2 32. REDISTRAR'S GIGNAT	on-Randall								

	C	92-0074-011					96	04024	
		1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN	IT OF HEALTH AND				
		1. DECEDENT'S NAME (First, Middle, Last)		THE TOAT	L OI DEATH	2. DATE OF DE		3. TIME OF DEATH	
-		Harry	Wis	е.	Jr.	MONTH	04 190	EAR	
(D)		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. las	birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS		RTH B.	BIRTNPLACE (State or Foreign	
(E)		213-22-9465	1 DM 2 0 F 62	YRS, MONTHS	DAYS HOURS MIN.	(Month Day,	1929	Country	
	J.	9a. FACILITY NAME (If not institution, give str	eet and number)	9b. CIT	Y, TOWN OR LOCATION OF	OEATH	9c. COUNTY	OF DEATH	
2, 3	стоя	Easton Memoria	l Hospital	Eas	ston		Caroline		
S	REC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	190	10c, CITX_JOWN					
020 physician. burial-transit permit. Pages	DIR	M) CAN	20/18/18	1	tal			10d. INSIDE CITY LIMITS?	
permi	AL	10e. STREET AND NUMBER		100	101. ZIP CODE		10g. CITIZEI	1 YES 2 NO	
ansit	E .	709 GAY	st		2/6	29	4	1 (
020 physician. burial-tran	FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARI	AED 13	WAS DECENDENT OF NISE	ANIC ORIGIN? (Spe	clfy Yee or No — 14		
-002 ling phy the bus	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	°	If yea, specify Cuban, Max 1 YES 2 NO Spe	ican, Puerto Rican,	atc.)	Black, White, atc. Specify:	
8 g 2	ED E	15. OECEDENT'S EDUCA	71011		- 1	VO		BZ.	
	ETE	(Specify only highest grade of	ompleted) (Gi	EDENT'S USUAL (re kind of work done Do NOT use retired.	during most of working	16b. KIND	OF BUSINESS/INDUS	TRY	
	PL	Elementary/Secondary (0-12)	College (1-4 or 5+)	LAL					
AND 2 the hospital of detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		~ 4		NAME (First, Middle,	Mairies Sursemel		
MARYLAND retained by the hospid should be detached notified at once.	ш	HARRY L	Disc Ste:		8	th	Wisco		
	OB	19a. INFORMANT'S NAME (Type/Papt)) 19b	MAILING AODRES	SS (Street and Number or Run	al Route Number, City	or Town, State, Zip Co	ide)	
be re	F	Devous	Wise	573	Linicoln	u St	Doute	W. Md.	
ORE, e 6 may be ector, page must be		20a METNOD OF DISPOSITION VI Burtal 2 Cremation 3 Ramon	20b. PLACEA	ND OATE OF DISPO	SITION (Name of	OATE	20c. LOCATION — City	or Town, Stata	
- 0 0		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		V·H.	Believe		Belu	n Md.	
ALTIN death. Pag thneral di		21. SIGNATURE OF FOREHAL SERVICE LICE	Mark A	22	NAME AND ADDRESS OF	FACILITY			
BA after de by the fu moval.		Cruc Do	shiell		322 8	Lact	Alto		
The second		23. PART I. Entar the disassas, or co shock, or heart fellure. Li	mplications that caused the dat at only one cause on each line.	th. Do not ente	r the mode of dying, au	ch aa cardlec o	r respiratory arrest		
		IMMEDIATE CAUSE (Finel	0//	11	1	,	1 5	interval Between Onset and Death	
* H ag E +		disease or condition resulting in death)	Melocose	Course	Mucho	Tasci	ler //	lectice	
N 2 5 - 6			OUE TO (OR AS A CONSEO	UENCE OF):					
	ERTIFICATION	Sequentially list conditions, b.	OUE TO (OR AS A CONSEO	HENCE OF					
BOX ficate be exphysician and prior to	TA	it any, leading to immediate cause. Enter UNDERLYING	OC TO ON AS A CONSEC	DENCE OF;					
Be phy	F	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CONSEO	UENCE OF):					
P.O. eath certi attending real Hygie y. or oth	F	reaulting in deeth) LAST						j	
DS, P ne death the atten Mental H Njury, or	O	DADT II. Oshor olgoldland No.							
RECORDS, requires that the de been signed by the a shows any Injury	MEDICAL	PART II. Other significant conditions	contributing to death but not re	sulting in the u	nderlying ceuse given i	n Part I, 24a. y	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ECO puires that signed Health a pows am)	ă	11 + 7	1. 0.			19	MES 2 □ NO	COMPLETION DF CAUSE DF DEATH?	
RECON requires been sign rt. of Healt		reporce th	heres			- 1/2	LEAS TO	YES 2 NO	
	AN	25. WAS CASE REFERRED TO MEDICAL				15	BUUFIE		
一年 鲁鲁 是	PHYSICIAN:	EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF GEATN (C	Check only one)			
PHYSICIAN: The this certificate with the State	H Y	1 X YES 2 NO	28a. DATE OF INJURY	DOA 4 Nu 28b. TIME OF	rsing Nome 5 - Residence				
	- 11	Natural 5 Pending	(Month, Day, Year)	INJURY M	28c. INJURY AT WORK?	28d. OEŞCRIBE	NOW INJURY OCCUR	ED	
NDING T: After r death	BY	Accident Investigation 3 Suicide Could not be	28a. PLACE OF INJURY — At hom	a, farm, streat, fac		28/ LOCATION /	Street and Number or I	Durat Charles March	
S affer as	윤	4 Homicide S Could not be	building, etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,		City or Town	(Street and Number or I , State)	nurer moute number,	
DIV OR A DIREC hours	COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICI	IN: To the heat of our bounds of						
3 4 5 =	MP	(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, dear On the beals of examination and/or in	m occurred at the	nninion death assured as	in to the cause(s) a	nd menner as stated.	-n	
E HOSPIT E FUNER d within	8	2000 SIGNATURE AND TITLE OF CENTIFIED	/						
111 111 77 1	III III		0		29c. LICENSE NI	IMBER	204 DATE CH	CAIED MA D. M	

OF PERSON WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)

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7 111 Penn Street, Baltimore Maryland

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CERTIFICATION

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31. DATE FILED (Month, Day, Year)

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0 7	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ITANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
R	7	=======================================
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Lest) 2. DATE OF CEATH 3. TIME OF OEATH 92 YEAR 05-Bradley Wilson W. 8. AGE (In yrs. last birthday) A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 10-17-04 DAYS HOURS 1 XM 2 F 217-16-4402 86 VBS Maryland 9s. FACILITY NAME (If not institution, give street and number) 9c COUNTY OF OFATH 9b. CITY TOWN OR LOCATION OF GEATH Sykesville Sykesville Eldercare Center Carroll County RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Maryland Carroll County Sykesville 1 YES 2X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 116 Klees Mill Road 21784 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, Whits, etc. If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 YO Specify: 1 Never Married 2 Married Specify White 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
'Give kind of work done during most of working 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Chief Engineer Industrial School 17. FATHER'S NAME (Firs' Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Wilson Samuel Ursula 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 N. Court Street Westmisnter, MD 21157 Mr. C. Rogers Hall 20a, METHOD OF DISPOSITION
1 □XBurial 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND OATE OF DISPOSITION (Name 20c, LOCATION -- City or Town, Btets DATE Grove Cemetery crematory or other place)
Harmony Grove Cemetery 2/8 Sykesville, ☐ Donation 5 ☐ Other (Specify) MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY (P.O. Box 195) (410)-795-1400 Haight Funeral Home Man Sykesville, MD 21784 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, ehock, or heart feiture. List only one cause on each line. **Approximate** IMMEDIATE CAUSE (Finel Onset and Death Prostate Cance disease or condition Metastatic Plous to (OR AS A CONSEQUENCE OF) THE YOU resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 27 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF CEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Neturel 5 Pending 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, atreat, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a. CERTIFIER
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, deta and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND JITLE OF CERTIFUE 29d. DATE SIGNED (Month Day, Year) 29c. LICENSE NUMBER 01

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ulia Devidson-Bandalle

32. REGISTRAR'S SIGNATURE

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to use as the bund-transit permit. Pages 1, 2, 3 should tal or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 at 5 fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. In the medical examiner must be netted imPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netted. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2... ..ours after death. Page 6 may be retain DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
()		2. DATE O	F DEATH

	niculo (nan		0.	-0 6 0 00	TOME			9.0	1100.140				
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	AV	YEAR	3. TIME OF DEATH	
	Mary Ross Willey								2 4 92			11 59 PM	
	4. SOCIAL SECURITY NUMBER 217-10-8459	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Month Day Mark) Country		PLACE (State or Foreign yland		
				1110.									
_	9s. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH				ATH	9c. COUNTY OF DEATH			
PO	Glasgow Nursing Home				Cambridge					Dorchester			
5	PESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TO						TOWN OR LOCATION 10d. INSIDE CITY					10d. INSIDE CITY	
DIRECTOR	Maryland Dorchester				Cambridge				LIMITS?			LIMITS?	
	10e. STREET AND NUMBER				101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	701 Race Street					21613			3	US			
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 X NO				13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico				IIC ORIGIN? (Specify Yes or No.— 14. RACE — American Indian, Black, White, etc.)			- American Indian, White, etc.	
B	1 Never Married 2 Married 3 X Wildowed 4 Divorced PONCESY 1 YES 2 NO IF YES, GIVE WAR OR DATES				1 ☐ YES 2 XNO Specify:					specify: White			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (6			ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY					
	Elementary/Secondary (0-12) College (1-4 or 5 +)			s. Do NOT use retired.)									
COMPLETED					Seamstress								
8	17. FATHER'S NAME (First, Middle, Last)									(First, Middle, Malden Surname)			
BE	John Ross									ce Townsend			
2					ING ADDRESS (Street and Number or Rural Route Num								
-	Donald M. Willey								t Cambri				
	NABurial 2 Cremetion 3 Amoval from State other pie								20c. LOCATION — City or Town, State				
	4 Donation 5 Donation Donation Donation				emorial Park 122, NAME AND ADDRESS OF FACILITY					Cambridge, Md.			
	· W . TL				Thomas Funeral Home								
	700 Locust St. Cambridge, Md 21613												
N	23. PART I Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, approximate interval Between Onset and Desth disease or condition												
	disease or condition resulting in death) s. Myacuclial infacts on munitis. Due to (or AS) Consequence of:												
	Sequentially list conditions b. ASCUD									C			
MIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated sensitives)					DUENCE OF):						0	
FIC						NCE OF):							
CERTIFICATION	that initiated events resulting in death) LAST												
	DART II Other staniffsont and date:	ne operally die c	o death had not	considet.	In the	nd-d-1	0.00	alves to	Part I 24- uno s	IN AUTOPSY	, 0.41	WERE AUTOPSY FINDINGS	
EDICAL	PART II. Other significent conditions contributing to death but not resulti				ig in the underlying cause give			Aiseu iu	PERFORM		SY 246. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI		
N	Demeura								1 TYES	1 U YES 2 NO		OF DEATH?	
ME												1 _ YES 2 _ NO	
		,											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		PLACE OF I	DEATH (C	neck only one)				
PHYSICIAN:	1 TES 2 NO	1 Inpatient 2	☐ ER/Outpatient		4 (1)-16	iraing Ho	_	Residence	8 Other (Specify)				
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? M 1 VES 2 NO												
D BY	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)								28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
Ш	4 Homicide determined												
1PL	29a. CERTIFIER 1 DERTIFYING PHYS												
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
TO BE	296. SIGNATURIE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)												
pun	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 FRIDO, PHIN) THUBERT L. F. (ERY) 155 573 BYRN 5T CHAMB MC												
	31. DATE (LED (Morith, Day, Year) 32. REGISTRAN'S SIGNATURE												
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in the hospital or attending physician.	should be wrathed for use as the burial-transit permit. Pages 1, 2, 3 should)	offfled at once.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may a man on the houseital or attending physician.	INECTORS. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page and another activities the burial-transit permit. Pages 1, 2, 3 should	within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to burial, cremation, or removal.	ITANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPI	FUNER	within	TANT: If I

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE ARY ND 21215-0020 ter death. Page 6 may ter death. Page 6 may

FUNERAL DIRECTOR

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MEDICAL CERTIFICATION

BY PHYSICIAN:

COMPLETED

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TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT; If IN

2 Accident

3 Suicide

4 Homicide

6 Could not be determined

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mor

32. REGISTRARY SIGNATURE Pandell

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 29. 92 ELSIE LORRAINE YOW 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 1 M 2 TF MONTHS DAYE HOURS 578-22-4992 1923 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH CLINTON MANYLAND THOSPITAL RESIDENCE 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Oxon Hill Maryland 1 TYES 2 1 NO 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rd. Apt. 104

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 6255 Oxon Hill Rd. 20745 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 10 N/A Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Joseph A. Williams Daisy E. Rennor 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6255 Oxon Hill Rd. #104, Oxon Hill, Md. 20745 Luther J. Yow 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Maryland Veterans Cemetery 2/3/92 Cheltenham, Md. 22. NAME AND ADDRESS OF FACILITY
George P. Kalas Funeral Home
6160 Oxon Hill Rd. Oxon Hill, Md. 20745 21. SIGNATURE OF FUNERAL SERVICE LICENSES 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final (Enchrounsculus recdent disease or condition___ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, Acute Grainsinkstind humanohoget If any, leading to immadiata cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Thotansiin & Shokk PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER 1 YES 2 NO 4 Nursing Name 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 NO

28e. PLACE OF INJURY — At home, larm, street, factory, offica building, atc. (Specify)

29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated.

6188

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner ee stated.

29c. LICENSE NUMBER

OXON

013150

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, 29) (Per) 1992

281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

Lange Park

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

YORKSHIRE

1992 6:21

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country) 62 Maryland

REG. NO.

01

2. DATE OF DEATH MONTH DAY

02

KEL

1 - FOR STATE REGISTRAR

KELVIN

1. DECEDENT'S NAME (First, Middle, Lest)

DARNELL

	213-82-1941 9e. FACILITY NAME (If not institution, give		29 YRS.	9b. CITY, TOWN	OR LOCATION OF DEAT	(Month, Day, Year) Sept. 3	,1962	Maryland YOF DEATH
DIRECTOR	PRINCE GEORG	ES HOSPITA	L	CHI	EVERLY		PRI	NCE GEORGES
DIR		Mary's		ingtor				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER				I. ZIP CODE		1,5	N OF WHAT COUNTRY?
N.	National Mobi	le Home Tr			20653			S A
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	CENDENT OF HISPANIC pecify Cuban, Mexican, B 2 NO Specify:	ORIGIN? (Specify \ Puerto Rican, etc.)	fes or No — 14	I. RACE — American Indian, Black, White, etc. Specify: Black
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during me		16b. KIND OF B	USINESS/INDUS	STRY
릴	12th Grade	30mgg (1-4 th 3+)	Labor	er		Cons	struct	ion
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Meide	m Sumame)	
111	James t. York	shire			Ada Th	eresa I	Holton	
TO BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural Rou	ite Number, City or To	own, State, Zip Co	ode) 20659
	Ada Theresa Y		[1565]	Bohle	Rd. Mech	anicsv:	ille,	Maryland
	20e. METHOD OF DISPOSITION ↑ Burial 2 □ Cremetion 3 □ Rer	novat from State	emetery, crematory or oth	er place)	2/5/92	DATE 200. I	JUANION - CIT	y or lown, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	Charles		al Garde		conard	town, Maryl
	23. PART I. Enter the diseases, Dr	Gardine		Mat P.O	tingley- . Box 27	Gardine O Leona	ardtow	meral Home, n, Md. 2069
AL CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF	:				
: MEDICAL	PART II. Other algnificent condition	na contributing to deeth	but not resulting in	the underlyin	g couse given in Pa		IN AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	LACE OF DEATH (Check	only one)		
YSICI/	1 X YES 2 NO	HOSPITAL:		OTHER: Nursing Hor	ne 5 🗆 Residence 6	Other (Specify)		
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 0 2 / 0 1/ 1 9	INJU	RY WO	DRK?	ORIVER		TO/AUTO IMP
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)		2		RYL"ANI	OFROUTES #2 ANICSVILLE,
COMPLETE		IICIAN: To the best of my kno			end place, and due to	the cause(e) end m	enner as stated.	
8	296. SIGNATURE AND TITLE OF CERTIFIE		47.		29c. LICENSE NUMBE	(R	29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED SALES			O.C.M.	. 400 4		

uction ton e, Zip Code) e, Maryland N — City or Town, State ardtown, Maryland Funeral Home, P. town, Md. 20650 y arrest, Approximata Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO OCCURED AUTO/AUTO IMPACT AND ROUTES #234C CHANICSVILLE MARYLAND to the cause(s) end manner ee stated. DATE SIGNED (Month, Day, Year) 02/02/1992 ARYLAND 21201 DHMH-16 Rev 1/89

for use as the bunal-transit permit. Pages 1, 2, 3 should be detached once. the medical examiner must be notified at funeral director, page 5 should filled in by the cremation, or removal, ITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 this certificate has been signed by the attending physician and completely is with the State Dept, of Health and Mental Hygiene prior to bunal, crematic or other traumatic event, shows any injury, the State Dept. of item 23 si marked, death DIRECTOR: After 28 is r after Hours item led within 72 h MPORTANT: II

20

1992

FEB

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, L 2. DATE OF DEATH 3. TIME OF DEATH 9 Z DAY Ston 0 02 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (Sta. 936 19-60 1 M 2 D F 5-9a, FACILITY NAME (# 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR A RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Md 10d. INSIDE CITY MOR 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life, Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (So Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 50 BE 19a. INFORMANT'S NAME (Typ 19b. MAILING ADDRESS (Street and Number or 2 MAR (STON Tham AVE 20a, METHOD OF DISPOSITION

1 Solution 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION DATE cometery, cremetory or other STAR 2/22/9 Donation 5 - Other (Specify) BA Hou 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WALL C BROWN BAGWN Rown 1206 W. NOR 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) D ewo DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25, WAS CASE REFERRED TO MEDICAL 38. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 🗆 Rasidence 6 🗆 Other (Specify) 4 | M 27. MANNSA OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending COMPLETED BY M 1 YES 2 NO 2 Accident Investigatio 28s. PLACE OF INJURY — At home, farm, streat, factory, offica building, etc. (Specify) 3 Sulcide 8 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homlelde 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as staled. 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TITLE DE CERTIFIER BE 26 270 2 30. NAME AND ADDRESS OF PERSON PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31 0 800 Stern 51133 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The state of the s	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit Panes 1 2 3 chould	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	UNERAL DIRECTOR: AI	ithin 72 hours after de	NNT: If Item 28 is
	TA TA	be filed w	IMPORT

EDWARD

31. DATE FILED (Month, Day,
EEB 2 0 1992

	1. DECEDENT'S NAME (First, Middle, Last)	-11		TE OF DEATH	REG. NO. 2. DATE OF CEATH MONTH DAY	VEAS	3. TIME OF DEATH
1		olden			2 16	9 S	605/
	1.000 1/201	S. SEX 6. AGE (In	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/22/20	8. BIRT	HPLACE (State or Foreign
	RESIDENCE OF DECEDENT	end number)	cc B	TY, TOWN OR LOCATION OF I	Medal20	c. COUNTY OF	DEATH
	10a. STATE 10b. COUNTY		Ba Lt				10d. INSIDE CITY
	100. STREET AND NUMBER 1701 Euteur	Place	11000	10f. ZIP CODE	10	g. CITIZEN OF	1 N YES 2 NO WHAT COUNTRY?
		2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	3. WAS DECENDENT OF HISPA It yea, specify Cuban, Maxic 1 VES 2 NO Spec	an, Puerto Rican, atc.)	Ble	DE - American Indian, ck, White, atc.
	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted) College (1-4 or 5+)	6a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	OCCUPATION e during most of working	16b. KIND OF BUSINE	SS/INOUSTRY	Viaca
	17. FATHER'S NAME (First, Middle, Last)	Cotton		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AME (First, Middle, Maiden Surr	name)	
	190. INFORMANT'S NAME (Type/Print) Esther & Moor	e	196. MAILING ADDRE	SS (Street and Number or Rural		tate, Zip Code)	21217
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetton 3 Ramove 4 Donation 5 Other (Specify)		LACE AND DATE OF DISP	DSITION (Name of	2-20 G	ION — City or 1	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Mar	1	2. NAME AND ADDRESS OF F.		h die	ece, m
	23. PART I. Enter the diseases, or con- ehock, or heert failure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	t only one cause on each	h line.	er the mode of dying, au	ch as cardled or reepirate	ory errest,	Approximata Interval Betwee Onset and De 3 Mours
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	SICALLY L	LVIE- O INPROVE	U ARIAN U)	2	9
	PART II. Other aignificant conditions of	contributing to death but	not resulting in the s	underlying cause given in	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2)?	b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		OSPITAL:	ent 3 DOA 4 N	26. PLACE OF DEATH (C)	/	200-	1 YES 2 NO
	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJUI		
	3 Suicide a Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, term, street, fa	ctory, office	261. LOCATION (Street and I City or Town, State)	Number or Rural	Route Number,
	29a. CERTIFIER (Check only	N: To the best of my knowled	te, death occurred at the	time data and place, and du	to the cause(s) and manner	no eleted	

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lined by the hospital or attending physician. nould be detached for use as the burtal-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

Of ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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the state of the s	EBA, URECTUR After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached to burish or removal.	T: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FER 2 0 1992

FOR STATE REGISTRAR	OINTE OF MINITE	CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last) $CYNTHIA$		BLACKL	EDGE	2. DATE OF DEATH ON THE COLUMN TH	19 ⁹	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-36-8304	1 🗆 M 2 💢 F	-	IF UNDER 1 YEAR IF UNDER 24 HRS NONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 6-6-43		BIRTHPLACE (State or Foreign Country) MD
9a. FACILITY NAME (If not institution, give of JOHNS HOPKINS RESIDENCE OF DECEDENT			BALTIMORE	DEATN	9c. COUNTY	OF DEATH
MD 10a. STATE 10b. COUNT	Y		TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1807 E. EAGER ST			10f. ZIP CODE 21213			S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Max 1 YES 2 NO Spe	can, Puerto Rican, etc.)	s or No — 14.	RACE — American Indian, Black, White, atc. Specify: BLACK
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S U (Give kind of wo life. Do NOT use UNEMPL	rk done during most of working retired.)	16b. KIND OF BU	SINESS/INDUS	
17. FATHER'S NAME (First, Middle, Last) EVERETTE MOODY			MARTHA			
190. INFORMANT'S NAME (Type/Print) KATRINA BLACKLEI	OGE	911 V	DDRESS (Street and Number or Run ALLEY STREET/BA	ALTIMORE, M	n, State, Zip Co D 2120	2
20a, METNOD OF DISPOSITION 1 💢 Burial 2 🗆 Cremation 3 🗆 Ram 4 🗆 Donation 8 🗀 Other (Specify)		WEST PRIVISOR	DISPOSITION (Name of ARROW EMETERY	1		or Town, State
Time	Tto K	10				
IMMEDIATE CAUSE (Finel	a. CIRR Hos	aach lina.	WM.C.MARCH F t enter the mode of dying, at	uch as cardlec or reap	iratory arreat	Approximate Interval Betwo
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	SA CONSEQUENCE OF:	t enter tha mode of dying, at	TH COMPLI	iratory arreat	Approximate Interval Betwo
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS	sed the death. Do not a ach lina. SLS OF S A CONSEQUENCE OF: S A CONSEQUENCE OF: The but not resulting in	t enter tha mode of dying, at	In Part I. 24e. WAS AN PERFOT 1 VES 2	CATION AUTOPSY RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent condition CAPOWOOD ACCORDANCE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	Sed the death. Do not a sach line. SLS OF S A CONSEQUENCE OF: S A CONSEQUENCE OF: The but not resulting in the consequence of	t enter tha mode of dying, at the underlying ceuse given the underlying ceuse given to the under	In Part I. 24e. WAS AN PERFOT 1 VES 2	CATION AUTOPSY MED?	24b. WERE AUTOPSY FINON AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent condition CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	Sed the death. Do not a sach line. SLS OF S A CONSEQUENCE OF: S A CONSEQUENCE OF: The but not resulting in M utpattent 3 DOA (1) 18Y — At home, farm, etc.	t enter tha mode of dying, at the underlying cause given the underlying cause given to the under	In Part I. 24a. WAS AN PERFORM 1 VES 2	AUTOPSY MED? NO NUMBER OF BRIDGE	24b. WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
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DHMH-t8 Rev 1/89

Pages 1, 2, 3 should permit. bunial-transit Page 6 may be retained by the hospital or attending physician, all director, page 5 should be detached for use as the bunial-tran once. notified at e must funeral director, examiner riours after death. and completely filled in by the burial, cremation, or removal. medical the event. Iraumatic has been signed by the attending physician ar Dept. of Health and Mental Hygiene prior to 1 123 shows any injury, or other trauma Injury, TAL OR ATTENDING PHYSICIAN: The law

MARYLAND 21215-0020

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIRECTOR

FUNERAL

BY

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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this certificate h Hem

After t death

hours after dr 69

marked, or

22 hours lien.

92 04632 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S HAME (First, Middle, Last) BROWN 2. DATE OF DEATH JANA K. 3. TIME OF DEATH Janakk. Brown 1000 MY OF M 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 9-5-55 1 M 2 X F 213-66-8519 GERMANY 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital Balto. City RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE 1 X YES 2 | NO 10e. STREET AND HUMBER 10f ZIP CODE 10g. CITIZEH OF WHAT COUNTRY? 21214 21227 4711 CHARLTON AVENUE U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or HoIf yea, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X HO 1 Never Married 2 X Married 1 YES 2 X HO Specify: 3 Widowed 4 Divorced BLACK 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHD OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED vrs. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Malden Surname) EDWARD JOHNSON MOLLIE DAILY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route No. 4711 CHARLTON AVE./BALTIMORE, MD 21214 MOLLIE JOHNSON 20a. METHOD OF DISPOSITION

1 M Burial 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata WESLEY UNITED METHODIST SNOW HILL, MD CEM IGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AHD AGORESS OF FACILITY 1 WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART i. Enter the dispesse, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Finei Onset and Death disease or condition Superc Shock resulting in death) DUE TO (OR AS A CONSEQUENCE OF) SEVENE Vaxuuay de Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING dumentre DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury that initiated events resulting in death) LAST PHELLYNOYU

PAF	स	il.	Othar	algnificent	conditions	contributing t	to deeth bu	t not	resulting i	tha	underlying	cause	given in	Part i.
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24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAIL AND F PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO

26. PLACE OF DEATH (Check only one) 4 Nursing Home 5 Residence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED

MANNER OF DEATH 1 Natural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)
2 C Accident	20- 01 405 05 11 11

25. WAS CASE REFERED TO MEDICAL

EXAMINER? 1 YES 2 NO HOSPITAL:
1 (1) Impetient 2 | ER/Outpetient 3 | DOA 28b. TIME OF 28c. INJURY AT WORK? 1 YES 2 HO

Suicide	6 Could not be	building,
Homicide	delarmined	

 PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town State)

(Check only	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.
one)	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the c

	- or anatom and investigation, in	iny opinion, destit occured at the time, date and p	lace, and due to the cause(s) and menner as stated.
MIGNATURE AND TITLE OF CERTIFIER	ND	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

OTHER:

-										
0.	NAME AND	ADDRESS OF	PERSON	WHO	COMPLETED	CAUSE	OF DEATH (ITEM	1 27) (Type.	Print)	
	100	LOOL	0	W	166,	. 1	10.100		* /	1
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FEB 2 0 199 1992 32. REGISTRAR'S SIGNATURE

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notified at be must medicai examiner the traumatic event. other t 10 BUY Shows 23 Item 0 marked,

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle 2. DATE OF DEATH 3. TIME OF DEATH YEAR 22 2 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 M 2 X F 217-70-2022 9e. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CO. GENERAL HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION tod. INSIDE CITY MD BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3308 W. NORTH AVENUE 21216 USA. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If was specify Cuben, Maxicen, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Maxicen, Puerto Ri 1 YES 2 XNO Specify: IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced BLACK 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) NURSING GRANADA NURSING HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme ISATAH L. BROWN GEORGEANNA TYREE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) . BROWN ISAIAH 3308 W. NORTH AVENUE, BALTIMORE, MARYLAND 21216 20e. METHOD OF DISPOSITION
1 1/2 Burlel 2 Cremation 3 R.
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Nems of DATE 20c. LOCATION - City or Town, State AUBURN CEMETERY BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL BERVICE LICENSER 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. BOX 4433 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or haart fallure. List only one cause on sech line. IMMEDIATE CAUSE (Final Onest and Death disease or condition DUE GOR AS A CONSEQUENCE OF): resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i.

24s. WAS AN AUTOPSY PERFORMED?

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO

25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** t TYES 2 NO

26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year)

27. MANNER OF DEATH 1 Natural 2 Accident

6 Could not be

28c. INJURY AT 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)

28d. DESCRIBE HOW INJURY OCCURED 281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER

3 Sulcide

4 Homicide

CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the filme, date end place, end due to the cause(s) and manner ee stated.

2 MEDICAL EXAMINER: On the ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and manner ee stated. 29b, SIGNATURE AND JUTLE OF CERTIFIER

3560

29d. DATE SIGNED (A nth, Day, Year) 0

31. DATE FILED (Month, Day, Year)

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 5

1992

32. REGISTRAR'S SIGNATURE Davidson

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The state of the s	In by the funeral director, page 5 should be detached for use as the burial-transit permit	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hodiene prior to burial, commarion, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	E	04634		
	1. DECEDENT'S NAME (First, Middle, Lest) MUR	RAY (BERGE	0		2. DATE OF DEATH DA				
	4. SOCIAL SECURITY NUMBER 078 20 3599 9e. FACILITY NAME (# not institution, give st	5. SEX 6. AGE (《□ M 2 □ F 80 YRS. MONTHS DAYS HOURS M			7. DATE OF BIRTH (Month, Day, Year) Nov. 8,	1911	RTHPLACE (State or Foreign burniny) Brooklyn, N		
STOR	Suburban Hospi				esda 1esda	EATH	Mon	tgomery		
DIRECTOR	Maryland Mo				Spring			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 12511 Winexbur			101	USA	ZEN OF WHAT COUNTRY?				
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2- NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 2 NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, atc.) fy:		Black, White, etc. Specify: Caucasian		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of a life. Do NOT us	USUAL OCCUPATION Work done during mote retired.)	st of working	16b. KIND OF BUS				
OM	17. FATHER'S NAME (First, Middle, Last)		SOCIA	r worke		ME (First, Middle, Melden		ounty, NY		
BE C	Harry Berger				Anna	Chaitman	,			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town				
	Howard Berger 5313 Glenwood Rd., Bethesda, Md. 20814									
	1 M Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1 M Burial 2 Cremation or other place) Mt. Ararat Cemetery 928 Farmingdale, NY 22. NAME AND ADDRESS OF FACILITY									
	Ives-Pearson Funeral Homes Falls Church, Va. 22046									
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, allowed interval Between Onset and Death of the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. Charic Yourd failure Vervicular Taily and in Milliant June Tional bridgen of Death? 1 YES 2 TO 1 YES 2 TO 1 YES 2 TO 1 YES 2 TO 1									
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C					
BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	•		
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE DF INJURY building, etc. (Spec	— At home, farm, a	street, factory, office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET		CIAN: To the beat of my knowl						ne(a) and manner as stated.		
TO BE	296. SISNATURE AND TITLE OF CENTIFIER	me m			29c. LICENSE NU	MBER 791	≥ 2//	VED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO ROSE VEGET Leonar &	mg, 1040/2	11 deens		U, Bel	hesda m	4) 20	814		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR & SIGN.	Davidson-1	andalle	4					

_	NEGISTRAN				EKIIF	ICAL	E OF	DEA	IH		REG. N	Ο.		
	1. DECEDENT'S NAME (First, Mi									2. DATE	OF DEATH		YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		oughty E							-	eb.18	1992		1/3 - 1
			5. SEX 1 ☐ M 2 💢 F	6. AGE (In yrs. la		IF UNDER	DAYS	HOURS	MIN.	7. DATE	OF BIRTH	6	Country)	ACE (State or Foreign
	224-20-2074 1 M 2 X F 73 YRS. 9e. FACILITY NAME (if not institution, give street and number)							06/07/18 Virginia						
œ								OR LOCATI	ION OF D	EATH		9c. COUNT	Y OF DEA	TH
2	362 9 Colli	DENT	venue			Ba	alti	more				Balt	imor	.e
DIRECTOR	Md 100. STATE 100	Bal	timore		10c. CI	y, town o		more			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	362 COOli	dge A	venue				101. ZIP CODE 21229				10g. CITIZEN OF WHAT COUNTRY? USA			
5	11. MARITAL STATUS		12. WAS OECEDEN	T EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT (OF HISPAI	NIC ORIGI	N? (Specify Y	e or No- 1	4. RACE	American Indian
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						It yes, specify Cuben, Mexicen, Puerto Rican, atc.) 1 ☐ YES 2 M NO Specify:				Specify: Whi	American Indian, White, etc.		
9	15. DECEDE (Specify only his	ENT'S EDUCA	ATION (completed)	18e, DE	CEDENT'S	USUAL O	CCUPATIO	ON			. KIND OF BU	JSINESS/INOUS		Le
COMPLETED	Elementary/Secondary (0-12)		College (1-4 or 5	"	ales	work done during most of working se retired.)								
O	17. FATHER'S NAME (First, Middle	e, Last)		5	ares			18. MOT	HER'S NA	ME /Einst	retai Middle, Maide			
BE C	Levin T. Do	ought	v											
	19e. INFORMANT'S NAME (Type/			19	b. MAILING	ADDRESS	S (Street a	nd Number	or Rumi	Boute Nurr	her City or To	ington	orle)	
2	Franklin J	Bene	der									'e		07.000
				20b. PLACE	AND DATE	OF DISPOS	ITION /Na	rme of		OAT	F 20c L	OCATION - CIT		21229 State
	4 Donation 5 Other (Specify) Removal from State Competent of Compe													
	21. SIGNATURE OF FUNERAL SE	ENVICE LICE	NSER	1		22.	NAME AN	O ADORE	SS OF FA	CILITY Z	Ambros	e Fune	ral	Home
	1	25	>		2		1328	Sul	phu	Spi	ing R	oad, A	rbut	us,Md
	PART Enter the disea	ases, or co	emplications that	causad the da	ath. Do									Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. a.	. C	se on each line	elin	1	Lea .	P	fo	ile	ne			Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Due TO (OR AS A CONSEQUENCE OF)													
SA I	cause. Enter UNDERLYING) .									1 4			
Ē	CAUSE (Disease or Injury that initiated eventa	1	DUE TO	OR AS A CONSEC	DUENCE OF	n:								
E	resulting in death) LAST	L d.												
	PART II. Other significant	conditions	contributing to	death but not r	ecuitina	in the un	etaels dae		aluan In	0				
EDICAL					- Juliung	ar the th	derlying	, cause ç	Jiven in	eart I.	PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSI			AILABLE PRIOR TO
¥.												1		YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MI EXAMINER?		HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only or	(e)			
YSI	1 TYES 2 NO		1 Inpatient 2		□ DOA	4 Nun	t: ling Home	5 R.	eldence	6 🗆 Othe	r (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Period 2 Accident Investigation	ding atigation	28e. OATE OF (Month, Da		28b. TIM INJ	E OF URY M	28c. INJU WOI 1 Y] NO	28d. OES	CRIBE HOW	INJURY OCCUP	REO	
	3 Suicide 6 Coul		28e. PLACE Of building,	INJURY At ho	me, term, i	itreat, facto	ory, office)		261. LOC City	LOCATION (Street and Number or Rural Route Number, City or Town, State)			
3	29e. CERTIFIER	NO BLOOM						-1199						
COMPLETED	(Check only 2 MEDICAL	EXAMINER:	AN: To the beet of On the beele of ex	my knowladge, da amination end/or i	nth occurre	n, in my o	me, date pinion, de	end place, eath occur	end due	to the ceu	end place, er	nner ee atated. nd due to the c	euse(e) en	d manner ee stated.
BEO	29K SIDNATURE AND TITLE OF		0,	//	V 6		Т		NSE NUN		-			inth, Day, Year)
	Warry 1	1	Land	Ras.	116)		DI	39	58	}	D 2/	20/	72
٩	36 NAME AND ADDRESS OF PE	RSON WHO	COMPLETED CAUS	E OF OEATH (TEN	1 27) (Type,	Print)						-	-	
-	31. DATE FILED (Month, Day, Year)	V 1.	- 32. REGISTR	R'S SIGNATURE										
	Market and the	0 0 40	200	1. Kaile	70.	do DE								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

FOR

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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	NETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. NT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the other than 10 miles of the following section of the conficuency of the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL	HYGIEN REG. NO.	E	2 0	4636	
		EANOR JANE				2. DATE MONTH	OF DEATH		YEAR	ME OF DEATH	М
		1 □ M 2 🛣 F	yrs. lest birthday) O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	AUG	OF BIRTH , Day, Ybar) • 10,1	911	B. BIRTHPLAC Country) MARYI	E (State or Foreign	
DIRECTOR	UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT										
	MARYLAND 106. COUNTY	10c, C/1	BALTIM	TY	Y			INSIDE CITY LIMITS? YES 2 NO			
FUNERAL	100. STREET AND NUMBER NORTH 2740 CALVERT S	TREET	<u> </u>			1218	218 U.				
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	2 NO	13. WAS DE	? (Specify Yes licen, etc.)	or No— 1	Black, White	nericen indien, ie, elc. HITE				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondery (0-12)	(Give kind of life. Do NOT u	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working e. Do NOT use retired.) HOUSEWIFE			18b. KIND OF BUSINESS/INDUSTRY					
BE COM	17. FATHER'S NAME (First, Middle, Last) THOMAS J. MILL	ER			18. MOTHER'S N. NELL	AME (First, M	iddle, Meiden :	Surneme) RIAN			_
TO B	190. INFORMANT'S NAME (Type/Print) FRANCIS H. BLA	NCHARD	19b. MAILING 2740	ADDRING PATO	Number or Rural	Route Numb	er, City or Town	n, State, Zip C	ORE, M	ID.2121	8
20b. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) CARRISON FOREST VET 1 S 2/21 OWINGS MILL										7	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS AND SONS 4905 YORK ROAD. BALTIMORE, MD. 21								. 2121	. 2	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARD TAC ARREST OUE TO (OR AS A CONSEQUENCE OF):								Approximate Interval Betwee Onset and Dear			
CERTIFICATION	Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other eignificent conditions of	contributing to death but	not resulting	resulting in the underlying ceuse given in			Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			AUTOPSY FINDING ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 (NO	5
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (C)	neck only one)				
HYS	1 V YES 2 NO 1	Inpetient 2 ER/Outpeti			e 5 🗌 Residence						
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)		M 1 .	PRK?		CRIBE HOW IN				
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify,				City of	r lown, Stete)		Rural Route N	ımber,	
OMPL	(Check only 1 W CERTIFYING PHYSICIA	N: To the best of my knowled on the basis of exemination e	ge, desth occum nd/or investigatio	n, in my opinion, d	end place, end due eath occured at the	10 the Caus	e(e) end menr and place, end	ner es stated. I due 10 the c	Ceuse(e) end n	nenner ee atated.	
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	and no			29c, LICENSE NUI	MBER		29d, DATE S	SIGNED (Month		_
	30. NAME AND ADDRESS OF PERSON WHO CO	Union Mi	MORIAL		AL			-			
	FEB 2 0 1992 gu	HANGIE EVANSPRINGEN ES.	JRE						-		

BALTIMORE, MARYLAND 21215-0020 SIGNAI: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have shown any lattice from the predicted examinate ment.	A STATE OF THE STA
BALTIMORE, MARYLAND 21215-0020 TO SEPTIMORE THE CORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 TO SEPTIMOR AND PRECINAL STATE BOX 10 February and completely filled in by the funeral director, page 5 should be detached for use as the burial-transform. The filled in the state seath with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.	THE CONTRACT OF THE CONTRACT O

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGI		- 0,007			
	1. DECEDENT'S NAME (First, Middle, Last) REBECCA 4. SOCIAL SECURITY NUMBER	CAREY	BECCA C	AREY		2. DATE OF DEATH MONTH		2 9.55 P M			
	230-12-5271	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		22	BIRTHPLACF (State or Foreign Country) VA					
TOR	90. FACILITY NAME (If not institution, give s SINA! HOSP RESIDENCE OF DECEDENT		OR LOCATION OF	9c. COUNT	BALTIMORE						
DIRECTOR	100. STATE 10b. COUNTY			Y, TOWN OR LOC LTIMORE	ATION	*		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2626 GARRETT AVE	1	01. ZIP CODE 21218			10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	If yes, a	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yelf yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			e or No. 14. RACE — American Indian, Black, White, etc. Specify: BLACK					
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12) 9th 17. FATNER'S NAME (First, Middle, Last)	CATION completed) College (1-4 or 5+)			nost of working	16b. KIND OF	BUSINESS/INDUS				
BE C	LINWOOD CURRY 190. INFORMANT'S NAME (Type/Print)				FANNIE	CAMPBELL					
10	FLORA R. DIGGS 2710 UHLER AVE./BALTIMORE, MD 21215										
	20e, METHOD OF DISPOSITION 1 (X Burlel 2 Cremetion 3 Remet 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	GC Committee	PLACE ANO DATE Plary, crematory or o DOD LUCK	FAMILY	CEMETER	Y NOF	RTHUMBER	RLAND CO, VA			
	Timet	te King	bnos			H./1101 E					
CERTIFICATION	23. PART I. Enter the diseases, or complicatione that caused the death. Do not anter tha mode of dying, such as cerdiac or respiratory arrest, shock, or heart failura. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMEDY 1 YES 2 NO 24b. WERE AUTOPS AMAILABLE PRICOMPLETION OF DEATH? 1 YES 2										
SICIAN:	25. WAS CASE REFEREND TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tlent 3 🗆 DOA	OTHER:	LACE OF DEATH (C						
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HON	V INJURY OCCUP	ED			
	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY - building, etc. (Specif	— At home, farm, (281. LOCATION (Stre City or Town, Sta	et end Number or ite)	Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED	CIAN: To the best of my knowle 3: On the basis of exemination	edge, death occurre	n, in my opinion,	e end place, end du	e to the cause(e) end r	nanner ee stated. and due to lihe c	succ(e) and manner as stated.			
TO BE	30. NAME AND ADDRESS OF PERSON WHO	RESIDENT I	2445161	AN	29c. LICENSE NU		29d. DATE S	GNEO (Month, Day, Year)) 2 14 92			
	SINAI HOSPITA	L , 2401 1	W. BELL	1.0	AVE.		ONE				
	FEB 2 0 1992 Su	32 BEGISTRAR'S SIGNA									

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BALTIMORE, MARYLAND 21215-0020

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FOR

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	nce.	
i	A Th	9	O	
	d be	P	P	
	retaine	5 shou	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	OR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Fem	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		C	ERTIF	ICATE OF	DEATH	1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		7				2. DATE OF	DEATH	AV .	YEAR	3. TIME OF DEATH
	Jessie		Crosby				2-	18-9	2		M
	4. SOCIAL SECURITY NUMBER 431-12-2579	5. SEX	6. AGE (In yrs. le:		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Di	BIRTH ey, Year) -14		8. BIRTH Country	PLACE (State or Foreign y) ARKANSAS
TOR	90. FACILITY NAME (If not institution, give att 1901 E. 31st. RESIDENCE OF DECEMENT		t			or Location of Di			9c. COU	INTY OF DE	
DIRECTOR	10e. STATE 10b. COUNTY				TY, TOWN OR LOCA						10d. INSIDE CITY LIMITS?
2	Md.			B	Baltimo:		ty		Tomas and		YES 2 NO
FUNERAL	1901 E. 31st.				16	21218				S.A	VHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR OATI			ARMED 13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuben, Mexican, Puer 1 YES 2 NO Specify:			an, Puerto Rica	ipecify Yee in, etc.)	or No-	Black	- American Indian, t, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	USUAL OCCUPATION work done during most of working se retired.) BETHLEHEM STEEL									
ME											
BE CC	JOHN CROSBY CONNIE HARVEY										
70	196. INFORMANT'S NAME (Type/Print) VIRGINIA CROSBY 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1901 E. 31st STREET/BALTIMORE, MD 21218									8	
	20e, METHOD OF DISPOSITION 1 \(\text{A Burlet} \) 2 \(\text{Cremetton} \) 3 \(\text{Removal from State} \) 4 \(\text{Donetton} \) 5 \(\text{Other} \) (Specify) \(\text{Specify} \)							RE, N	wn, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ensey of			22, NAME A	ND ADDRESS OF FA	CILITY	1			
- 4	as part I for the disease of	11-1-	ex		Wm.C	. March	F/H	11	01 F	E. N	orth Ave.
	23. PART I. Enter the diseases, or coshock, or heart fellure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one csu	use on each line	le.			h as cardiac	or reapi	ratory an	reat,	Approximate Interval Between Onset and Death
LION	disease or condition										
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
CE	-	d.									
DICAL	PERFORMED? AVAIL 1 YES 2 NO OF OF								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF DEATH (Ch	ack only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	ne 5 Neeldence		====#u1			
BY PHYSICIAN: ME	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D	FINJURY	28b. TIM	ME OF 28c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRI		NJURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	OF INJURY — At he, atc. (Specify)	ome, ferm,	street, factory, offic	10	28t, LOCATIO City or R	ON (Street a lown, State)	and Number	r or Rural Re	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER) end manner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUN	JMBER 29d. DATE SIGNED (Mon			(Month, Day, Year)	
Ĭ	30. NAME AND ADDRESS OF PERSON WHO					21218	1				
	31. DATE FILEO (Month, Day, Year)	Lo Syst ful 32. REGISTRA Fulia Davido	R'S SIGNATURE	10							
	EFR 2 0 1992 9	Julia Davido	on-Manage	-							

FOR STATE REGISTRAR 1 -**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last)

BROOKE E EDWARD **BROOKE** CULLEN 2. DATE OF DEATH 3. TIME OF DEATH 3:44 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
Dec. 13, IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign -03-135 West Virginia 1911 Pages 1, 2, 3 should 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH JOSEPH BALTIMONE DIRECTOR OWSON RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5414 Springlake Way 21212 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 24 hours after death. Page 6 may be retained by the hospital or attending physicial 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 21215-0020 FORCES? 1 YES 2 NO 1 Never Married 2 Marrie 3 Widowed 4 Divorced 1 TES 2 NO Specify: BY White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY asm (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) detached for Years BALTIMORE, MARYLAND Dentist Dental once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas Cullen funeral director, page 5 should be notified at Brooke 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carolyn L. Rollman must be 20a. METHOD OF DISPOSITION
1 (V) Burial 2 Cremation 3 Re
4 (L) Donation 5 (C) Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE ANO DATE OF DISPOSITION (Name OATE Crest L Lawn Mem. Gdns. Maus 12/19 Ellicott City, Md examiner 21. SIGNATURE OF PURERAL SERVICES 22 Witchell-Wiedefeld Home, Inc. James F. Jeuned. Burnside, Jr. 6500 York Rd. Baltimore, Md. 21212 the the medical 23. PART . Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate completely filled in by shock, or heart fellure. List only one cause on each line. Interval Between 00 Onset and Death IMMEDIATE CAUSE (Final cremation, disease or condition resulting in death) EPS 15 executed within event, DUE TO (OR AS A CONSEQUENCE OF) attending physician and con intal Hygiene prior to burial, other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING L DR ATTENDING PHYSICIAN: The law requires that the death certificate be to DIRECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept. of Health and Mental Hygiene prior to them 28 is marked, or item 23 shows any injury, or other traun CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): P.0. resulting in deeth) LAST DIVISION OF VITAL RECORDS, PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL Other algorithms Commission I ABETES MELLITUS
WITESTIVE MERRY COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSBITAL:
1 Dispatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO ng Home 5 Residence 6 Other (Specify) 4 Nursi 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL ITO THE FUNERAL C be filed within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year) 040390 Physician 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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OF VITAL RECORDS, P.O. BOX 68760,	OO ATTENDING DAINGIGIAN The face show the death medificate to
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DIVISION	ATTENIOUS
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

215-0020 attending physician. se as the burial-transit permit. Pages 1, 2, 3 should		1. DECEDENT'S NAME (First, Middle, List) CHARLES A. CDARRIN CDARRIN 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									3. TIME OF DEATH				
				Α.	CRABI						Feb.	16,	199		12:15 A.
	DIRECTOR	4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE Of (Month, I				LACE (State or Foreign
		217-24-1		1 M 2 □ F	64	YRS.	MONTHS	DATS	HOURS	MIN.		14, 19	27		land
		9a. FACILITY NAME (If no							OR LOCAT	ON OF DE	ATH			ITY OF DE	
		10 Winte	ECEDENT	y Court		Glen Arm			Baltimore			nore			
		10a. STATE	10b. COUN	INC. CITT, TOWN ON EUCATION								IOd. INSIDE CITY			
		MD		timore G		Glen Arm							I ☐ YES 2 📉 NO		
	ERAL	10. STREET AND NUMB		Count		10	101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		IAT COUNTRY?			
	FUNE	11. MARITAL STATUS	TOCIT		T EVER IN U.S. AT	AAFED.	1 40 1	21057 13. WAS DECENDENT OF HISPANIC ORIG						SA	
		1 Never Married 2	Married	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2	NO	li li	yea, st	ecify Cubi	n, Mexicar	1, Puerto Ric	Specify Yes an, atc.)	or No-	Black,	– American Indian, White, atc.
as the	ВУ	3 Widowed 4 D	livorced	6/16/4	5-8/29	/194	16	YES	2 💢 NO	Specify				Specify	White
. 5	ETED	15. D (Specify	ECEDENT'S ED	UCATION le completed)	C.	CEDENT'S	work done d	CUPATI uring me	ON ost of workli	ng	16b. K	ND OF BUS	INESS/IND	USTRY	-
CA 4 5	PLE	Elementary/Secondary		College (1-4 or 5+ 2 year	/ -	Stin		_			MD	Shi	nhui	1215	Dock g & Dry
YLAND Solution by the hospital be detached for at once.	COMPL	17. FATHER'S NAME (First,		2 year	5				40 1407	UFP 10 11 1				rarn	g & Dry
\$ 8 6 ×	_	William		abbin							ME (First, Mid L. G:		Surname)		
MAR retained 5 should notified	TO BE	19a. INFORMANT'S NAME			19	b. MAILING	ADDRESS	(Street I			oute Number,		n, State, Zip	Code)	
	F	Nancy Cr			1	O Wi	nte	cbe	rry	Cou	rt G	len i	Arm,	MD	21057
M > 4 5		20a. METHOD OF DISPOS 1 X Burlet 2 Crema	ition 3 🗌 Ren	novat from State	20b. PLACE	ANDDATEC	OF DISPOSI	TION /N	ame of		urt Glen Arm, MD 21057 OATE 20c. LOCATION — City or Town, Stata				n, State
BALTIMOR er death. Page 6 ma the funeral director, p val.		4 Donation 5 Off		ICENSEE	High	view			Garc ND ADDRE		2/18	Fa:	llst	on,	MD
ALTIN death. Pag thereal dis		//	27	Ebaugh	,						eral	Home	B		more, MD
9 7 9							Q F	21	Too	h D.	277070	D 1	a	2	1204
nours or re		the same of the sa	Tradit tallura.	List Dnly Dna cau	6a on each iins	ath. Do n	ot anter	ha mo	da Di dy	ing, auch	aa cardla	C Dr reapli	ratory arre	ent,	Approximate Intarval Between
within 24 no pletely filled cremation, or rent, the m		iMMEDIATE CAUSE (I		lolo	m Ca v	Atru	mata	ista	DID						Onage and Death
ted within completely al, cremati		resulting in death)		DUE TO	OR AS A CONSE	-		7							1.0.19
68760, executed within and completely burial, cremal natic event,	N	Sequentially list cond	fitions	b											
be be	CERTIFICATION	if any, leading to imm cause, Enter UNDERL	nediata	DUE TO (OR AS A CONSE	DUENCE OF	7):								
ficat phy ne p	FIC	CAUSE (Disease or In that initiated events		c. OUE TO (OR AS A CONSE	DUENCE OF	7):								-
C = 5 = 6	ERT	resulting in death) L/	AST	d											
E de d		PART II. Other aignifi	cant condition	ne contributing to	death but not r	esuiting i	n the unc	larivin		sissa la E	Part I a	a. WAS AN			
CORD res that the signed by th lealth and A vs any inj	MEDICAL							,	g cause (given in r		PERFORI	MED?	A	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE
S de Signa &	MED										- '	YES 2	□ NO	0	F DEATH?
AL RE ne faw reque has been Dept. of H	-													1 .	L 123 2 NO
ITA V: The icate ha State D	PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Chec	ck only one)				
SICIAN: The certificate to the State d, or item	IXSI	1 YES 2 NO		1 🗆 Inpatient 2 🗆			-		5 R	sidence 8	Other (S	pecify)			
O YH this		1 Natural 5	Pending	26a. DATE OF I	INJURY ly, Year)	26b. TIME	URY M		RK?	- 1	28d. OEŞCR	BE HOW IN	NJURY OCCUREO		
NDING HOLDER HERE	BY	2/ Accident 3 Suicide	Investigation	26a. PLACE OF	INJURY — At ho	me, farm, s	M 1 YES 2 NO					to Abumbar			
OIVISION OR ATTENDING DIRECTOR: Attentions after death Item 28 is ma	COMPLETED	3 Suicide 6 Could not ba 4 Homicide 6 Could not ba determined 28a. PLACE OF INJURY — At home, farm, street, factory, of building, etc. (Specify)					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				NO NUMBER				
	PLE	29a. CERTIFIER (Check only	RTIFYING PHYS	IICIAN: To the best of r	my knowledge, da	oth occurre	d at the tin	e data	and place	and due t	o the cruse/	e) and man			
MPORTANE: If I	MO	one) 2 ME	DICAL EXAMINE	ER: On the basia of ax	amination and/or i	nvestigation	n, in my op	inlon, d	eath occur	ed at the ti	me, data an	f place, and	dus to the	cause(s) s	nd menner sa stated,
NAME OF THE PERSON	BE C		E OF CERTIFIE	R 1/M()					29c. LICE	NSE NUME			29d. DATE	SIGNEO (N	fonth, Day, Year)
P P 2 M	10 8	Ivacq		mb vy					D3	4521			> 2	-17-	92
	-	30. NAME AND ADDRESS													
		Dr. Mark 31. DATE FILED (Month, Da		3334 F	apermi	.11 I	Road	F	hoe	nix,	MD	211	31		
10+		FEB 2 0			Lon-Rind	. 60 3									
IT.			100	MINE MAN											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

92 04640

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attanding physician
	4 10
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within 2
DIVISION OF VITAL R	AL OR ATTENDING PHYSICIAN: The law re

	1. DECEDENT'S NAME (First, Middle, I	Last)				2. DATE	REG. NO.		3. TIME OF DEATH	
- 9	HAROLD	F	Т	OOELLE		MONTH		YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 8. AGE (In yrs. last birthday) # UNDER 1 YE.			7. DATE C	OF BIRTH	9.7 0. BIR	TTHPLACE (State or Foreign	
1	216 05 9323	1 🔀 M 2 🗆 F	74 YRS.	MONTHS DAYS	HOURS MIN.		9/1917		Marvland	
_	9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOWN	OR LOCATION OF			OUNTY OF		
CTOR	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A A COUNTY									
W	10e. STATE 10b. COUNTY 16c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	
HO	Maryland A	nne Arundel		asadena					LIMITS?	
AL	10e. STREET AND NUMBER				H. ZIP CODE	-	10g. C	ITIZEN OF	F WHAT COUNTRY?	
H	208 Arundel R	oad			21122		T.	.S.A		
FUN	11. MARITAL STATUS		EVER IN U.S. ARMED YES 2 NO				(Specify Yee or No-	14. BA	ICE — American Indian.	
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA			pecify Cuben, Mexi S 2 🔯 NO Spe		icen, etc.)		ack, White, atc.	
	15. DECEDENT'S	EDUCATION	46- DECEDENT	S USUAL OCCUPATI		Torris .			White	
ETE	(Specify only highest Elementary/Secondary (0-12)	grade completed)		f work done during me		166.	KIND OF BUSINESS/I	NDUSTRY	′	
PL	10th Grade	College (1-4 or 5+)	Machin	nist						
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, M	iddle, Meiden Surname)		
w		Andrew Do	elle		Son	hie '	Viemeyer			
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Run	Il Route Numbe	er, City or Town, State,	Zip Code)		
F	Dorothy M. D	oelle	208	Arunde1	Road	Pasade	ena, Mary	1and	21122	
	20e. METHOD OF DISPOSITION 1 D Burlal 2 Cremetion 3	Removal from State	20b. PLACE AND DATE cemetery, crematory, or		eme of	DATE	20c. LOCATION	— City or	Town, State	
	4 □ Donation 5 □ Other (Specify)		Cedar Hil	11 Cemete		2-2	1 Baltim	ore,	Maryland	
	A STATE OF THE PARTY OF THE PAR	or complications that ours. List only one cause	e on eech line.	Georg 4001	Ritchie	nce Fine Hwy.		e, M	Approximata Interval Batwe	
	23. PART I. Enter the diseases, ehock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. A eut	e on eech line.	Georgia 4001 not enter the mo	ge J. Go Ritchie ode of dylng, su	nce Fine Hwy.	Baltimor	e, M	Approximata Interval Batwe	
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. A CULT DUE TO (O	OR AS A CONSEQUENCE OF	Georg 4001 not enter the mo	ge J. Go Ritchie ode of dylng, su	nce Fine Hwy.	Baltimor	e, M	Approximata Interval Batwee	
RTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. A CULT DUE TO (O	or each line. Covel OR AS A CONSEQUENCE (Georg 4001 not enter the mo	ge J. Go Ritchie ode of dylng, su	nce Fine Hwy.	Baltimor	e, M	Approximata Interval Batwee	
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. A CUT DUE TO (0 C. OUE TO (0	OR AS A CONSEQUENCE OF	Georg 4001 not enter the mo	ge J. Go Ritchie ode of dylng, sa	n Part I.	Baltimor	e, M	Id - 21225 Approximate Interval Batwe Onset and Das	
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. A CUT DUE TO (0) DUE TO (0) d. OUE TO (0) itions contributing to de	OR AS A CONSEQUENCE OF	Georg 4001 not enter the mo	ge J. Go Ritchie ode of dylng, sa eulav	n Part I.	Baltimor ec or reapiratory a Lecolor 24e. WAS AN AUTOPS PERFORMED? 1 UVES 2 DAO	e, M	Approximate Interval Betwee Onset and Das On	
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CAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other, significant cond	A CULT OF INCIDENT 2 DE MONTH, Des	e on each line. COYPLE OR AS A CONSEQUENCE OF AS A CONSEQUENCE O	Georg 4001 not enter the mo Coff: OF): OF): OF): OTHER: 4 Nursing Hon ME OF 28c. IN. MUTHY MK 1	ge J. Go Ritchie ode of dylng, sa culture g cause given i LACE OF DEATH (C	n Part I.	Baltimor ec or reapiratory a Lecolor 24a. WAS AN AUTOPS PERFORMED? 1 VES 2 (1 NO	e, Marreat,	Approximata Interval Batwe Onset and Data Onset and	
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ETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other, significant conditions and initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NAO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 29 Accident 3 Suickde 6 Could not determine (Check only)	B. DUE TO (O DUE TO (O C. OUE TO (O d. Stions contributing to de L. HOSPITAL: 1 Unipatient 2 E 26s. CATE OF IN (Morrift, Day, 10s. be 26s. PLACE OF In building, et building, et 26s. PLACE OF IN building	e on each line. COYPL OR AS A CONSEQUENCE OF	Georg 4001 not enter the mo Copposition OPposition ge J. Go Ritchie ode of dying, sa g cause given I LACE OF DEATH (C ne 5 Residence JURY AT ORK? YES 2 NO	n Part I. Check only one 6 Gother 26d. OESC 26f. LOCA City or	Baltimor ec or reapiratory a 24a. WAS AN AUTOPS PERFORMED? 1 VES 2 (1 NO (Specify) FRIBE HOW INJURY O	Y 24	Approximate Interval Batwe Onset and Data Interval Batwe Onset and Data Interval Batwe Onset and Data Interval Batwe Onset and Data Interval Batwe Onset and Data Interval Batwe Onset and Data Interval Batwe Onset Interval		
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other, significant conditions and initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NAO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 29 Accident 3 Suickde 6 Could not determine (Check only)	A CULT OF TO (O) B. DUE TO (O) C. OUE TO (O) d. Itions contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contribution to de contribution contribution to de contribution contributin	e on each line. COYPL OR AS A CONSEQUENCE OF	Georg 4001 not enter the mo for Corp.: OF): OF): OF): In the underlyin 28. Pt 4 Nursing Hon ME OF LURY M 1 Street, factory, office red at the time, date lon, in my opinion, c	ge J. Go Ritchie ode of dylng, sa g cause given i LACE OF DEATH (Come 5 Residence DIRY AT DRY, YES 2 NO se a and place, end de death occured at the	n Part I. Check only one 6 Other 26f. LOCA City or	Baltimor ec or reapiratory a Leculum 24e. WAS AN AUTOPS PERFORMED? 1 VES 2 DNO (Specify) FION (Street and Numb Town, Stele) e(s) end menner as a and place, end due to	Y 24	Approximata Interval Batwe Onset and Data Interval Batwe Interval Batwe	

permit. Pages 1, 2, 3 should

should be detached for use as the burial-transit

DIRECTOR

FUNERAL

BY

COMPLETED

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notified at

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

-	Dade		pe
	rector.		must
	funeral di		xaminer
,	EM. DRECTOR: After this certificate has been signed by the amending physician and completely filled in by the funeral director, page	A 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ramova.	It It lam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	omplete	il, cremi	event,
	in and o	to buril	umatic
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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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29b. SIGNATURE AND TITLE OF CERTIFIEF

31. DATE FILED (MÖhlh, Day

GARRET 8/08/1936 1990,42023

92 04642 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH GARNETT DAVIS 1992 YEAR 02^H 18 12:05 A 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 08-08-36 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 55 098-30-1452 HOURS YRS. Virginia 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF OFATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE City BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City Maryland none 1 NYES 2 NO 10e. STREET AND NUMBER 10f. ZIP COOE 21 21 3 United States 1714 N. Dallas Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Il yes, specify Cuban, Maxican, Puerlo Rican, etc.) 1 TYES 2 NO Specify: Specify: 3 Widowed 4 Divorced Negroid 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10th grade Maryland Penitentiory Dietery Cook none 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Julia Butts Henderson Davis 19a, INFORMANT'S NAME (Type/Print) 196. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 514 E. Eager Street Baltimore, 614 E. Eager Street Ida Davis Md. 21202 20a. METHOD OF DISPOSITION
Durial 2 Cremetion 3 Removal from State
4 Denetion 5 Other (Specify) 206. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE cemetery, cremetory or other Zion Cemetery 2/22/92 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY Calvin B. Scruggs Funeral Home ahrin B. 20 8 1412 E. Preston St. Balto, Md. 21213 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, ehock, or haert fallurs. List only ons cause on each ilne. Interval Batween (Pneumocystis Pneumonia)

Pneumocystis Pneumonia)

Oue To (OR AS A CONSEQUENCE OF):

A CAUTION OF TO (OR AS A CONSEQUENCE OF): **IMMEDIATE CAUSE (Final Onast and Death** disease or condition 15 days resulting in death) 3 months Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated evente reaulting in deeth) LAST PART ii. Other aignificent conditions contributing to deeth but not recuiting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAIL ABLE PRIOR TO Salmonella Enterococcus umany Insteremia COMPLETION OF CAUSE DF DEATH? 1 TYES 2 NO Frank infestion Oral Condidiosis 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO OTHER 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigat M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide detarmined

29a. CERTIFIER
(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurs at the time, data and place, and due to the cause(s) and manner as stated. 29c, LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Were ►211819Z 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kellen K. Kovalovah mo JoHNS Kellen K. Kovstovieh- Johns Hopkins 32 RECISIONAR'S SIGNATURE OHMH-16 Rev 1/89 should

permit. Pages 1, 2, 3

HECTOR: After the after death was after death were after death was after death was after death was after death was after death was after death was after death was after death was death was death was death was death was death was death was death d	THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	M. CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page of the property of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
H ATTENDING PHYSICIAN HECTOR: After this certification after death with the Sim arked, or I	I: The law i	cate has be state Dept.	Item 23 s
HECTOR: After this after death with a ster death with a ster death with the ster ster ster ster ster ster ster ste	YSICIAN	s certification in the S	10 'pe
HECTOR: /	ING PH	After this	marke
H SEC	TEND	after d	28 Is
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42. RESISTRAR'S SIGNATURAL

2000 31. DATE FILED (Month, Day, Year

92 04643 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY Barbara Downs J. 2-17-92 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIFTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 53 YRS. 219-26-8844 1 M 2 Y F 2-16-39 MD Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2000 Odell Ave. Apt-817 Baltimore, RESIDENCE OF DECEDENT 10a. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore, TY WES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2000 Odell Ave. Apt-817 21237 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: BY Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame)
OLAWEASE MCCRAY LUTHER MCKNIGHT BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) APT.
6056 MORAVIA PK. DRIVE/BALTIMORE, MD 21206 10 KEITH WILLIAMS 20e, METHOD OF DISPOSITION

1 | Burlel 2 | Cremetton 3 | Ramoval from State
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE KING MEMORIAL PARK RANDALLSTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wm.C. March F/H 1101 E. North 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximata ahock, or haert fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Bevera remiqu d=dox resulting in death) DUE TO JOR AS A CO VSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentieily list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algnificent conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 DOA ne 8 - Residence 8 - Other (Specify) 27. MANNER OF BEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation м 1 YES BY 2 NO 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide determined 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the besis of examingation and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Mpnth, Day, Year) on ule -W 24303 2 19 921 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typel Print)

MD

21237

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
d.	be fied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for use	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a
death. Page 6 may be retained by the hospital or atte	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or atte

	FOR ST.	ATE OF MAR	YLAND / DEPAR	TMENT OF	HEALTH AND	MENTAL I	TYGIENE	92	04644	
	1. DECEDENT'S NAME (First, Middle, Last) EVNEST EARL	Davi	SERTIF	ICATE O	F DEATH	2. DATE OF MONTH	DEATH DAY	92	3. TIME OF DEATH	
DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SE 263-34-3928	X 6. A	GE (In yrs. lest birtnday) 60 YRS.	IF UNDER 1 YEA		7. DATE OF (Month, D	ny, Year)	8. BIRTH Country	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give street and	Hospit	al	9b. CITY, TOW	n or Location of E	DEATH	6-2-31 FLOF			
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	11-711	10.00	- Russ				14001	No.	
	MD 10e, STREET AND NUMBER			LTIMOR	E				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	1348 E. FAYETTE STRE	ET		ĺ	10f. ZIP CODE 21231			U.S.A	HAT COUNTRY?	
S	11. MARITAL STATUS 12. W	AS DECEDENT EV	ER IN U.S. ARMED	13. WAS (ECENDENT OF HISPA	INIC ORIGIN? (S			- American Indian,	
BY	1 Never Married 2 Married IF 3 Wildowed 4 Divorced	YES, GIVE WAR O	PR DATES	If you,	apecify Cuben, Mexic ES 2 X NO Speci	an, Puarto Rica	n, atc.)	Black Specif	, White, etc.	
H	15. DECEDENT'S EDUCATION (Specify only highest grade comple	ed)	18a. OECEDENT'S (Give kind of	vork done during	ATION most of working	16b. KIN	OF BUSINESS/II	NDUSTRY		
COMPLETED	2nd	ge (1-4 or 5 +)	PAINT							
BE CO	17. FATHER'S NAME (First, Middle, Lest) DAVID DAVIS				ANNIE	McCLA:				
10	190. INFORMANT'S NAME (Typo/Print) MILDRED J. DAVIS				et and Number or Rural					
	20e, METHOD OF DISPOSITION 1 (X Buriel 2 Cremetion 3 Removal fro 4 Donation 5 Other (Specify)	m State	206. PLACE AND DATE OF COMPLETE COMPLETE COMPLETE OF C			OATE	BALTIMO			
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE	tok	Jones		AND ADDRESS OF FA)1 F. NO	RTH A	VENUE	
	23. PART I. Enter the piseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSCOURNCE OF):								Approximate interval Betwee Onset and Deat 4 days 7 days	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Retropeutaval abscess DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significent conditions cont Steward use		h but not resulting i	ot resulting in the underlying cause given in Part I.			I. 24a. WAS AN AUTOPSY PREFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN:	25. WAS CASE REFERÂND TO MEDICAL 26. PLACE OF DEATH (Check only one)									
IXSI	1 YES 2 NO 1 Vir	1 yes 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Raeldenca 8 Other (Specify)								
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Ba. DATE OF INJU (Month, Day, Yea		28b. TIME OF INJURY AT WORK? M 1 YES 2 NO			1. DEŞCRIBE HOW INJURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide determined	JRY — At home, ferm, a Specify)	home, ferm, street, factory, office 281, LO			I. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CHECK (Check only one) 2 MEDICAL EXAMINER: On the	(Check only 1 LY CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER A. M. Yokaud	_ 140		29c. LICENSE NUMBER D 37 (99			29d. DATE SIGNED (Month, Di			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
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	FKB (47 1997	Acres Leading .								

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		* 1							9	2 04645
1. 1. A	FOR STATE REGISTRAR	STATE OF MARYLAND	D / DEPAI CERTIF	RTMEN FICAT	IT OF H	DEAT	AND N	MENTAL HYGIEN	VE.	
20 E	1. DECEDENT'S NAME (First, Milidio, Cast)	0 1 2:00	400.0	`^				2. DATE OF DEATH		3. TIME OF DEATH
	4 SOCIAL SECURITY MUNEER	5. SEX 6. AGE (In yrs	s. last birthday)	IF UNDE	ER I YEAR	IF UNDER 2	24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign aCountry)
E. 7	9a. FACILITY NAME (If not institution, give street	wi and number	YRS.	100		OR LOCATIO		001:17	914 (SORCIA Y OF DEATH
OR	ST. JOSEPH	HOSPITAL				usor	N OF DE	AIR ,	BAI	Timors
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. Cl	רא, דסאא	OR LOCA	A Property of				10d. INSIDE CITY
	MARYLAGO BAT	Somile		Mp	IRK	, ZIP CODE	2		T OITITE	1 YES 2 NO
FUNERAL	8846 Wils	on Ave.			100	312	134		10g. CITIZE	N OF WHAT COUNTRY?
	11. MARITAL STATUS 1 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	NO	13.	If yes, sp	ecify Cuban,	, Mexican	C ORIGIN? (Specify Ye , Puerto Rican, etc.)	s or No 14	I. RACE — American Indian, Black, White, etc.
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES					Specify:			Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		Give kind of life. Do NOT u	work done	e during mo	ON ost of working		16b. KIND OF BU	SINESS/INDUS	ТЯУ
MPL	BYRS-	construction of the	A	T	Hor	ns				
	17. FATNER'S NAME (First, Middle, Last)	DORGAN				18. MOTHE	ER'S NAM	RE (First, Middle, Maider	Surname)	LARO
TO BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILIN	3 AODRES	SS (Street a	and Number of	or Rural Ro	oute Number, City or Tox	vn, Stata, Zip Co	
	20a. METHOD OF DISPOSITION	TOROS 200 PLA	CEANDDATE	SAS	3C	AS (A B	DATE 20c. LC	CATION CIN	y or Town, Stata
	1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	rai from Stata	crematory or o	other place	בננק	3 Dr	J. 34.5	3-33	Mod	icm No-
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. \$	NAME AL	ND ADDRESS	OF FACE	Tuckler	waisi	
	23. PART I. Enter the disesses, or sen	mplications that caused the	death, Do		s the mo	O HA	RE	SRO KORC	- \A	ekville
	immediate cause (Final	st pnly one cause on each I	line.			27				t, Approximate intervel Between Onset and Daath
	disease or condition resulting in death) s	Herre M	you	an	di	al	1	nfarce	lion	Iday
Z	C .	and to tou so y of	ayour .					1		
RTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO JOR AS A CON	BEQUENCE O	F):						
TIFIC	CAUSE (Disease Dr injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE O	F):						
CER	Ca.									
CAL	PART ii. Other significant conditions of DIARE	contributing to deeth but no	ot resulting	in the u	nderlylng	g ceuse giv	ven in P	PERFO	RMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE
MEDICAL	CARCIN	TES ME	100	216	ON	-		1 □ YES	NO	OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:		OSPITAL:	8 3 DOA	OTHE	R:	ACE OF DEA		th only one)		
- 4	27. MANNER OF DEATH Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM		28c. INJ WO	URY AT		28d. DESCRIBE HOW	NJURY OCCUR	NED
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY — At building, etc. (Specify)	t home, ferm,	atreet, fac	I	YES 2		281. LOCATION (Street		Rural Route Number,
ш	4 Homicide datarmined							City or Town, State;		
COMPLET		AN: To the best of my knowledge, On the besis of axamination and								
ш	295. SIGNATURE AND TITLE OF CERTIFIER	,				29c. LICEN	ISE NUME	BER	29d. DATE SI	IGNED (Month, Day, Year)
5 B	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH	TEM AD G	0-1-41		D-	128	349	12.	-19-92

MD. 760 Touson Md 21204

32. REGISTRAR'S SIGNATURE 1992

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ON OF VITAL RECORDS, P.O. BOX 68760,	THE PARTY OF THE P

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Place is many be intrined by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-har		
quires that the death certificate be executed within 24 hor	n signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	
ING PHYSICIAN: The law re	ther this certificate has been	eath with the State Dept. c	
TO THE HOSPITAL OR ATTENDI	TO THE FUNERAL DIRECTOR: A	be filed within 72 hours after de	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	92 04646
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
1.5	LELA VIOI	ET	DIC	KERSON	02 17	1992 7:32 a M
1	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
			74 YRS.	MITHS DAYS HOURS SHIP.	12/15/17	VIRGINIA
-	9a. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCATION OF	DEATH 9c.	COUNTY OF DEATH
DIRECTOR	5433 FORCE	RD		BALTIMORE		
S	10a. STATE 10b. COUNT	Y	10c. CITY, 1	TOWN OR LOCATION		10d. INSIDE CITY
I E	MARYLAND BAT	TIMORE		BALITMORE CITY		LIMITS?
	10e. STREET AND NUMBER	111014		101. ZIP CODE	10a	CITIZEN OF WHAT COUNTRY?
ER	5433 FORCE ROAD			2120		USA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	N U.S. ARMED	13. WAS DECENOENT OF HISP	ANIC ORIGIN? (Specify Yea or No	0- 14. RACE - American Indian
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuban, Maxi		Black, White, etc. Specify:
				A-		WHITE
TED	15. DECEOENT'S EDU (Specify only highest grade	JCATION a completed)	16a. DECEDENT'S US (Give kind of wor	done during most of working	16b. KINO OF BUSINES	S/INDUSTRY
٣	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use r			
COMPLET			HOMEMAK		OWN I	
	17. FATHER'S NAME (First, Middle, Last)	.7			IAME (First, Middle, Malden Surna	me)
H	RUFUS S. BENSHAI	N			LE HANTZ	
2	ROBERT DICKERSON			DORESS (Street and Number or Rura		
	20a. METHOD OF DISPOSITION	I.u.			BALTIMORE, MAR	
	1 Burial 2 Cremation 3 Rem	noval from Stata cem	PLACE AND DATE OF the terry, crematory or other	place)		H — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI		IRVIEW CE	METERY (22. NAME AND ADDRESS OF I	12/20/92 BUCH	HANNAN, VIRGINIA
	000		0		TERAL HOME, INC	
	hitoil		Si.	1328 SULPHU	IR SPRING ROAT	21227
	23. PART I. Enter the disesses, or shock, or heart fellure.	complications that caused List only one cause on e	the death. Do not	enter the mode of dying, su	ch se cardlec or respiretor	y srrest, Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition			CARDIOV	ASCIPIAR DI	Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	CAICIOU	***************************************	50.50
CERTIFICATION	Sequentially list conditions,	bDUE TO (OR AS A	CONSEQUENCE OF):			
1 ×	If any, leading to immediate cause. Enter UNDERLYING					· [
Ē	CAUSE (Disesse or Injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):			
臣	resulting in death) LAST	d				
	DADT II Other classificant condition		. eveluare .			
NA NA	PART II. Other significant condition	18 contributing to deeth be	ut not resulting in	he underlying cause given in	Part 1. 24s. WAS AN AUTO PERFORMED?	AVAILABLE PRIOR TO
PHYSICIAN: MEDIC					1 TYES 2 N	O COMPLETION OF CAUSE OF DEATH?
M					/	1 TYES 2 NO
Z						
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	28. PLACE OF OEATH (C	check only one)	
IYS	1 X YES 2 NO	1 Inpetient 2 ER/Outp	atlent 3 DOA 4	☐ Nursing Home 5 ☐ Rasidence		
	1/2 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	WORK?	28d. DESCRIBE HOW INJURY	COCCUREO
BY	Accident Investigation	25. DI ACE OF IN HIDY	44 5 000 4 000 000	M 1 YES 2 NO		
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At nome, term, stre	и, тастогу, опіса	281. LOCATION (Street and Nu City or Town, State)	mber or Rurel Route Number,
COMPLETED	29a. CERTIFIER					
APL	(Check only			t the time, data and place, and do		
Ö	2 MEDICAL EXAMINE	IR: On the basis of examination	and/or investigation,	n my opinion, death occured at th	e time, data and place, and dua	to the cause(a) and manner as stated.
BE (SIGNATURE AND TITLE OF CERTIFIE	1 11111	0 /	29c. LICENSE N		DATE SIGNED (Month, Day, Year)
D B	Jan-	your !	IM	0.C.M	E	02-17-1992
F	36 NAME AND ADDRESS OF PERSON WH	1 . A V				
	MAKIO F. GOLL	IN JE IND	111 N.	PENN ST. BA	LTIMNORE, MA	RYLAND 21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE	4.45		
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	FLAMENAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
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	rector,		ITANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FUNE	THE REAL PROPERTY.	TAKE
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 17 Feb. 7:20 PM M Jehn M. JOHN McPHERSON DENNIS JR. 8. BIRTNPLACE (State or Foreign A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS 1 X M 2 - F 217-07-5682 90 YRS. JUL.14,1901 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATN 9c COUNTY OF DEATH Talbot DIRECTOR William Hill Manor Easton RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE MD. TALBOT EASTON XXYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10t, ZIP CODE 501 DUCHMAN LANE 21601 U.S.A. 12. WAS DECEDENT EVER IN D.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puerto Rican, stc.)
 U YES 2 NO Specify: 11. MARITAL STATUS RACE — American Indian, Black, White, atc. FORCES? 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WHITE ETED. 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) COMPL 12 DAIRY FARM 4 FARMER 17. FATHER'S NAME (First, Middle, Leat) 16. MOTHER'S NAME (First, Middle, Meiden Sumame) JOHN MCPHERSON DENNIS MARY CHILDS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FREDERICK S. KOONTZ ST.PAUL STREET. BALTIMORE, MD. 21202 2ds. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 2/20 Buriel 2 Cremation 3 Removal from State OLIVET CEMETERY 4 Donation 5 Other (Specify) MOUNT FREDERICK, MD. 21701 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS AND SONS 4905 YORK ROAD. BALTIMORE, MD. 21212 23. PART i. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Desth IMMEDIATE CAUSE (Fine) 8. Cus disease or condition DUE TO ICHI AS A CONSEQUENCE OF walou resulting in dasth) Queta MOK neu morica CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, lasding to immediate cause. Entar UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initieted events resulting in death) LAST Raso PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS LETION OF CAUSE 1 YES THE NO OF DEATN? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL ne PHYSICIAN: Me 26. PLACE OF DEATH (Check only one) 1 YES 2 NO EXAMINER? OTHER:
Nursing Home 5 - Residence 6 - Other (Specify) 1 | Inpetiant 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 26a. DATE OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF Natural 5 Pending 1 YES 2 NO BY Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basia of axam Investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 290 SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 8 92 Do

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

DAWKINS



30, NAME AND ADDRESS

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.		
	1. DECEOEHT'S NAME (First, Middle, Last) Constance 4. SOCIAL SECURITY HUMBER	DONSTAN			OHO	2. DATE OF D	16	9 7 3. TIME OF	2 15 11
	4. SOCIAL SECURITY HUMBER 452 30 2188 90. FACILITY NAME (If not institution, give s	1 - M 2 XF 6	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1923	6. BIRTHPLACE (Stell Country) TEXAS	e or Foreign
DIRECTOR	A A 11	PITAL			POLIS	ATH		E ARUNDEL	COUNTY
Ä	10e. STATE 10b. COUNT	1	10c, CITY	, TOWN OR LOCAT	ЮН			10d. INSIDI	E CITY
	MARYLAND ANN 100. STREET AND NUMBER	E ARUNDEL CO		NNAPOL I	S ZIP CODE		100 CF	1 YES	2 NO
FUNERAL	2605 CARROLLTON	ROAD 12. WAS DECEDENT EVER I	IN II S ADMED	12 140 050	21403 EHDEHT OF HISPAH	110 OBJONIO 10		USA	
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 NO	If yee, spi	2 NO Specify	n, Puerto Rican,	etc.)	14. RACE — Americe Black, White, etc. Specify: WHI	
쁘	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATIO	N et of working	16b. KIHO	OF BUSINESS/IN	OUSTRY	
COMPLETED	Elementary/Secondary (0-12)	3 College (1-4 or 5+)	ADMINASS	rork done during mo. e retired.) IST/REAL	_	S	ALES		
0	17. FATHER'S HAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Melden Sumame)		
BE	BRYON H. BAR'	TLETT	19b. MAJLINO	ADDRESS (Street o	CONSTAI	NCE BRO		in Code)	
5	CHARLES DONOHO		2605	CARROLLT	ON ROAD,	_		21403	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetlon 3 Rem 4 QOonetion 5 Other (Specify)	oval from State Cer	b. PLACE AND DATE C metery, crematory or of		me of	OATE	20c. LOCATION -	- City or Town, State	
	21. SIGNATURE OF FUHERAL SERVICE LIC	KONALD WA			D ADDRESS OF FAC	31/		TOMY BOARD)
4	friend//	Valle	2/19/92	655 W.	BALTIMO	DRE ST,	BALTO.	MD 21201	
	IMMEDIATE CAUSE (Finel disease or condition	List only one cause on e	d the death. Do neach line.					Intar	roximate val Between et and Daath
	resulting in death)		A COHSEQUENCE OF		Cert 1		Carvi (CC	Y	NONIN
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A COHSEQUENCE OF	7):					
CERTIFICATION	CAUSE (Diseasa or Injury that initiated evente resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
- 11	2002 11 211								
EDICAL	PART II. Other algorificent condition	s contributing to death it	but not resulting i	n the underlying	cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	AVAILABLE I COMPLETIO	PRIOR TO IN OF CAUSE
Σ						_ '	res 2 NO	OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
S	EXAMINER?	HOSPITAL:	- GEV	OTHER:	ACE OF DEATH (Che				
₹	27. MANHER OF DEATH	1 Inpatient 2 ER/Out	patient 3 DOA 28b. TIME		5 Residence				
BY P	Hatural 5 Pending Investigation	(Month, Day, Year)	IHJI	M 1 Y	RK? 'ES 2 NO	28d, OEŞCRIBI	E HOW INJURY O	CUREO	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IHJURY building, etc. (Spe	/ — At home, farm, s cify)	treat, tactory, office		281, LOCATION City or Tow	(Street end Numbern, Stete)	er or Rural Route Number	:
COMPLETED		CIAH: To the best of my know							or es stated.
BE	296. SIGHANDE AND WITH OF CUNTIFIED	I MO			29c. LICEHSE HUM D / 6 3 3	IBER /	29d. DA	TE SIGHEO (Month, Day,	Year)
5	EW COLE	900 BES	TGATE	Print) RO	An	INAP	. Md	2140/	
	FEB 2 0 1992	32. REGISTRAR'S SIGN					77.10		

1. DECEDENT'S NAME (First, Middle, Last)

1 - FOR STATE REGISTRAR

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Section 1	

2. DATE OF DEATH DAY YEAR CHARLES EDWARDS JR. 02 1992 11:30 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 5-1-1916 1 X M 2 | F DAYS HOURS 75 YRS. 213-20-3517 N.C. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5446 WHITWOOD AVE BALTIMORE RESIDENCE OF DECEDENT 10h, COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5446 WHITWOOD ROAD 21206 U.S.A. use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BLACK BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ò Elementary/Secondary (0-12) detached DISABLED once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) CHARLES EDWARDS, SR. BESSIE MOORE director, page 5 should be Ħ notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BERTHA EDWARDS 5446 WHITWOOD ROAD/BALTIMORE, MD 21206 9 20a. METHOD OF DISPOSITION
1 M Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must OWINGS MILLS, MD GARRISON FOREST VA CEM. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. MM.C.MARCH F.H./1101 E. NORTH AVENUE medical 23. PART I. Enter the diseases, or complications that caused the death Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death cremation, the disease or condition resulting in death) . ATTHOSCUPPOTE CAMPOUNS WILM PURONS completely MITTER event, DUE TO (OR AS A CONSEQUENCE OF) the attending physician and com Mental Hygiene prior to burial, traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate 8 cause, Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, C PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? NEZHARMENYS DLYMDSY 23 shows any 1 TYES 2 TUNO 1 YES 2 NO certificate has been in the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1X YES 2 NO the 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending 1 YES 2 NO BY death 2 Accident Investigation After 28s. PLACE OF INJURY — At home, term, street, factory, offica building, atc. (Specify) after de 28 Is r 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) TO THE PANERAL DIRECTOR: AN INTERPORTANT: If Item 28 is 8 Could not be COMPLETED 4 Homicide 29s. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 8 PITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurs at the time, data and place, and due to the cause(a) and manner as glated. MANUAL AND TITLE OF CENTIFIE 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) parise meghele O.C.M.E $\triangleright 02 - 18 - 1992$ 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mongomo UN 11 N. PENN ST. BALTIMORE, MARYLAND 21201 A-160 rou 31. DATE FILED (Month, Day, Year) FEB 2 0 1992 132, REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

92 04649

3. TIME OF DEATN

REG NO

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYS

DIRECTOR: A hours after de lem 28 is

THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 M

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296. SIGNATURE AND TITLE OF CERTIFIC

31. DATE FILED BYONE DO 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	Page		
	3. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page		
NUNG PHYSICIAN; The law requires that the open certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	burial-tra		
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CIAN.	ertificat	ir death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2472	r this cu	h with I	arked,
NUMB	R: After	r deat	E

s 1, 2, 3 should

92 04650 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF GEATH 02 14 ELLISON DORA E 10:30 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Jan. 7, 411-08-5046 1 M 2 X F 85 YRS. 1913 Kentucky 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 TYES 2 X NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 108 2nd Ave., S.W. 21061 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Pu 1 ☐ YES 2 ☐ NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) Homemaker 8 Own Home 17. FATHER'S NAME (First, Middle, Last) t6. MOTHER'S NAME (First, Middle, Maiden Sumame) Beth Parton BE Louvernie Henderson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rhonda Hall 108 2nd Ave., S.W. Glen Burnie, MD 21061 26a. METHOD OF DISPOSITION
1 ☑ Burlet 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Chadwell og 8 - Other (Specific 2/20/92 Cemetery White Oak, Tennessee 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home 421 Crain Hwy., S.E. Glen Burnie, MD 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final Onset and Deatl disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TES 2-HO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER 1 TYES 2 stlent 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the besis of d/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

2009

ELLIOTT GORBATY, M.D./7845 OAKWOOD ROAD #203/GLEN BURNIE, MARYLAND

32. REGISTRAR'S SIGNATURE DE

DHMH-16 Rev 1/89

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29d. DATE SHONED (Month, Day, Year)

102/16

1 - STATE REGISTRAR		CE		ICATE (REG. N			
FREDERICK	10)			FRA	TED		16	ATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest I						2	17	1992	12:32 A
215-30-5381	1. M 2 F	56	YRS.	IF UNDER 1 YE	YS HOUR	DER 24 HRS.	(A	ATE OF BIRTH fonth, Day, Year)		Country	
94. FACILITY NAME (If not institution, giv	A	30	Tho.					30-19			IMORE, MD.
1128 N.WOODYE	•	Т		BAL	CIMOR				9c. C0	OUNTY OF DE	ATH
10e. STATE 10b. COU	YTY		10c, CIT	Y, TOWN OR L	OCATION					I	10d. INSIDE CITY
MD.					IMORE	CIT	Y				LIMITS?
10e. STREET AND NUMBER			-		101. ZIP CO		_		10a, C	_	HAT COUNTRY?
1720 MOONVEAD	ं कारा स्टार्क				212	. 7				USA.	
11. MARITAL STATUS	12. WAS DECEDEN	ÇEVER IN U.S. ARM	ED	13, WAS			ANIC OF	IGIN? (Specify	Yes or No		— American Indian
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO)	If ye	s, specify Cu YES 2 X	ben, Mexi	Ican, Pue	rto Rican, etc.)		Specify BLA	
15. DECEDENT'S E		16a. DECI	EDENT'S	USUAL OCCU	PATION			16b. KIND OF	BUSINESS/II		
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 +	Him F	o NOT u	work done during retired.)	g most of wo	rking					
		LA	NDS	CAPER				HOUSIN	G AUT	HORIT	Y, BALTO.C
17. FATHER'S NAME (First, Middle, Last)					18. M	THER'S		rst, Middle, Maid			
GEORGE BROWN						MAR	Y FR	AZIER			
19e. INFORMANT'S NAME (Type/Print)	+							Number, City or			
ELIZABETH FRAZ	IER	2	.09	SOUTH	FRANK	LINT	OWN	RD, BA	LTIMO	RE, M	D.
20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Re	moval from State	20b. PLACE AN			N (Name of			DATE 20c.	LOCATION -	- City or Tow	rn, State
4 Donation 5 Other (Specify)		GARRIS			CEME'	TERY		OW	INGS	MILLS	, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAN	E AND ADD	RESS OF	FACILITY				
P('Na Va	1 12	_ /									, P.A. 443 223; P.O. BOX
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	OR AS A CONSEQU	IENCE O	F):							
resulting in death) LAST	d										
PART II. Other significant condition	ona contributing to	daath but not res	sulting	in the under	iying caus	given i	in Part	PERF	N AUTOPS ORMED? 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	6. PLACE OF	DEATH (Check on	y one)			
1 XYES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	Home VIV	Residence	. 8 🗆 (Other (Specify)			
27. MANNER OF DEATH 1 Naturel 5 Pending Investigation	28e. DATE OF (Month, De		28b. TIM	E OF 280	. INJURY AT WORK?	□ NO	7	DESCRIBE HON	V INJURY O	CCURED	
3 Suicide 8 Could not b	28e. PLACE Of building.	F INJURY At home etc. (Specify)	e, ferm, :	street, factory,	office			LOCATION (Stree City or Town, Sta		er or Rural Ro	oute Number,
	/SICIAN: To the best of NER: On the basis of ex				on, death oc		he time,		end due to	the cause(a)	
30. NAME AND ADDRESS OF PERSON OF	1000 -	E OF DEATH (ITEM	27) (Type	Print)		C.M					Month, Day, Year) - 1992
MARIOF GOLVE 31. DATE FILED (Month, Day, Year)	JR. M	1 1			STREE	т в	ALT	IMORE	MAR	YLANI	21201
FFI	3 2 0 1992		avids	on-Aland	400						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the investigation of the physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

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	1 - STATE REGISTRAR	STATE OF N	MARYLAND / DE CER	PARTM TIFIC	ENT OF ATE OF	HEALTH DEA	AND I	MENTAL HYGIEN REG. NO			
	DECEDENT'S NAME (First, Middle, Lest) VENATTA RUTH	GOODMAN						2. DATE OF DEATH DATE OF THE DEATH DATE OF THE DEATH DATE OF THE DEATH DATE OF THE DEATH DATE OF THE DEATH DATE OF THE DEATH DATE OF THE DEATH DATE OF THE DEATH DATE OF THE DEATH DATE OF THE DATE OF THE DEATH DATE OF THE DEATH DATE OF THE DEATH DATE OF THE DATE OF THE DEATH DATE OF THE DATE OF	·" 199	EAR 2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birth	hday) IF I	UNDER 1 YEAR	IF UNDE	R 24 HRS. MIN.	?. DATE OF BIRTN (Month, Day, Year) 06-20-		BIRTNE	
00	9a. FACILITY NAME (If not institution, give :	ION OF DE		9c. COUNTY		aryland					
CTO	RESIDENCE OF DECEDENT										
DIRECTOR	MD .	Y	10-		altim		Cit	v			10d. INSIDE CITY LIMITS? 1 VES 2 NO
RAL	100. STREET AND NUMBER 1200 Linworth	Avenue	Λn+ 2Λ			H. ZIP COO	E				HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARMED		If yes, s	pecify Cubi	OF HISPAN	IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)		RACE Black, Specify	- American Indian, White, atc.
IPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+	(Give kir	ENT'S USUI nd of work o FOT use reti	AL OCCUPAT done during m red.)	ION ost of world	ing	166. KIND OF BUS	SINESS/INDUST		Black
BE	17. FATNER'S NAME (First, Middle, Last) Windell 19a. INFORMANT'S NAME (Type/Print)	Wright					A	ME (First, Middle, Meiden Dril			
2	John Goodman		19b. MA	200	Linw	orth	or Ave	e. Apt.	BA Ba	î'to	.,MD2121
	20ar METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND Competer, Cremator	w or other o	lacel		2-2		cation — city		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Hecto	#281		E.L.				L-27 N	N.M	onroe ST 21217
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Respirate DUE TO OUE TO	ory Failus or as a consequent ation Pre	CE OF: CUM CE OF: Sfu	onia			Radicula			Interval Batwae
MEDICAL	PART II. Other algnificant condition Post Partum Hosp 1117 of nausea, and 25. WAS CASE REFERRED TO MEDICAL	192 3 co	death but not result wered va mplication nd abdom	ns -	Uly a seve	+ M ral befo	movi re di	PENFORM 1 LY YES 2 2 IVERY	MED?	0	WERE AUTOPSY FINDING: MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	EXAMPLER? 1 YES 2 THE PROPERTY OF DEATH	HOSPITAL: 1 Inpetiant 2 28e. DATE OF I	ER/Outpatient 3 DO NJURY y, Year)	OT I	HER: Nursing Hon 28c. IN.		eldence 8	ck only one) Cher (Specify) 28d. DESCRIBE HOW IN	JURY OCCUR	ED	
red BY	1 Matural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined detarmined detarmined matural suicide and suicide suicide suicide suicide detarmined detarmined detarmined detarmined matural suicide s										
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSII (Check only one) 2 MEDICAL EXAMINE	CIAN: To the beat of ax	ny knowledge, death oc amination and/or investi	curred at t	the time, dete	and placa	, and due to	o the cause(a) and man	ner as stated.	use(s) «	and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	icks II	I P64		M.D.	29c. LICE	NSE NUME	BER	29d. DATE SIG	SNED (A	fonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO GEORGE E, W 31. DATE FILED (Month), Day, Host)	icks I	工 20	Type, Print)	. Ur	rive	rsi	ty Pkwy	/		
	FEB 2 0 1992	12. REGISTRAR	rs signature								

HE AND TITLE OF CONTINES

Dr.

31. DATE FILED (Month, Day, Year)

401

Jackson ,

TERS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

M. D.

1 -

199

9c. COUNTY OF DEATH

monium

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

·A

14. RACE — American Indian, Black, White, etc.

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

1 TES 2 NO

Interval Between

Onset and Death

18,

3. TIME OF DEATH

10d. INSIDE CITY 1 - YES 2 NO

2:02PM

VIRGINIA

BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending processing	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlantmannours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	e executed within	an and completel to burial, crema	
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RECOR	requires that	en signed b	
ITAL !	N: The law	ficate has be State Dept.	
OF	PHYSICIA	this certif	
NOISIN	OR ATTENDING	WRECTOR: After yurs after death	

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FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 1. 2. DATE OF DEATH February DAY John GOCHENOUR 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS 1. M 2 | F 933737 SP33 YRS. 1An.2119 9b. CJAY, TOWN OR LOCATION OF DEATH DIRECTOR QUARS 0220. DECEDENT RESIDENCE OF 10e. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 21234 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working (Specify only highest grade co. 8 YRS. College (1-4 or 5+) notified at once. 17. FATHER'S NAME (First, Middle, Last) JOCHEROUR FORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 2 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must on 5 Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY MEMORIS 500 8800 HARFOR medical 23. PART I. Enter the diseas is, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line, IMMEDIATE CAUSE (Finel event, the disesse or condition Atherosclerotic Coronary Artery Disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST injury, or PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2X NO 23 shows PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 ☐ Inpatient 2 XER/Outpatient 3 ☐ DOA ng Home 5 - Residence 8 - Other (Specify) 4 - Nurs 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED MPORTANT: If item 28 is marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation FUNERAL DIRECTOR: After within 72 hours after death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and mail

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Moer)
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9000 Franklin Square Drive - 21237

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns after death. Page 6 may be retained by the hospital or attending physic

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	10.	
1. OECEOENT'S NAME (First, Middle, Last)	Sreen V.	ILA B. GRE	EN	2. DATE OF GEATH	DAY 19 95A	3. TIME OF DEATH A M
4. SOCIAL SECURITY NUMBER 218-28-76/2	1 - M 2 0 F 9 C	YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	-1893 °°	RTHPLACE (State or Foreign wintry) BAI to, MD
90. FACILITY NAME (If not institution, give of MANOR CARE RESIDENCE OF DECEDENT	e Kukton	96	Balto, MC) 21204	Ba Ba	el to
	imore	10c. CJTY, TO	I HIMORIE			10d. INSIDE CITY LIMITS? 1 VES 2 X NO
10. STREET AND NUMBER 1000 Pleas 11. MARITAL STATUS	sant Opt	Ls RD	101. ZIP CODE 21230	4	US;	OF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specify	an, Puerto Rican, etc.)		ACE — American Indian, Hack, White, etc. Poechy: WHITE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	IAL OCCUPATION done during most of working tired.)		BUSINESS/INDUSTR	٧
12		Homen		1	N/A	
17. FATHER'S NAME (First, Middle, Last)	moharm			AME <i>(First, Middle, Mak</i> la Virdee		
Joseph Mowbrey E	ronawn	T 105 MARI INC AD	E. I.			
. K. Doris MacCu	hhin		st Melrose Ave			
20a METHOD OF DISPOSITION	305	PLACE OF DISPOSITION	ON (Name of cemetery, cremetory or		LOCATION — City of	
1 Thirle 2 Cremation 3 Ren	oval from State	other place) udon Park	Cemeterv	100	-1111	, Maryland
21. SIGNAPURE OF FUNERAL SERVICE U		9	22. NAME AND ADDRESS OF F	Mitchell-	Viedefel	d Home
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. STR	consequence of:				Interval Between Onset and Deat
Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	CONSEQUENCE OF):				
resulting in deeth) LAST	d					
Sequentielly list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions.	is contributing to deeth b	ut not resulting in t	he underlying cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH			26. PLACE OF DEATH (C	theck only one)		
EXAMINERY 1 YES 2 NO	HOSPITAL:	order 2 0 DOA	THER:			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	F 28c. INJURY AT WORK? M 1 YES 2 NO		W INJURY OCCURE	D
3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, office	261. LOCATION (Str. City or Town, St	pet and Number or Ru late)	iral Route Number,
anal /			nt the time, date end place, and du n my opinion, death occured at th			use(e) and menner as stated.
30. NAME AND ADDRESS OF PERSON W	dino.		29c. LICENSE NO.	1MBER -649	29d. DATE SIG	NED (Morith, Day, Year) -/9-92
30. NAME AND ADDRESS OF PERSON W	ADI.MD	7600	OSLER	Dr. 70	uson,	-19-92 Mul 2120
31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGN	Davidson-Par	due :			

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	SICIAN:	
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	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27	
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	permit. Pages 1, 2, 3 should			
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE H	THEF	be filed with	IMPORTA	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	ATE OF MARYLA	ND / DEPARTME			MENTAL	HYGIENE REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O		YEA		TIME OF DEATH
l	Delores		Girouard	E	Fe	orua				11:00P M
	4. SOCIAL SECURITY NUMBER 6. SE	EX 6. AGE (In	yrs. last birthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		RTHPLA	CE (State or Foreign
1	142-30-2324 1 Description of the street and	M 2 F	53 YRS.			July			ew	Jersey
DIRECTOR	12160 Suffolk Ter	race - H	ome Ga	aithe	rsburg			Montg	ome	ry
EC.	10a. BTATE 10b. COUNTY		10c. CITY, TOW						10d	I. INSIDE CITY LIMITS?
	Maryland Montgo	omery	Gaith	ersbı	ırg				21	YES 2 NO
₹ V	10e. STREET AND NUMBER			101.	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
BY FUNERAL	1 Never Married 2 Married F	MAS DECEDENT EVER IN ORCES? 1 YES F YES, GIVE WAR OR DA	2 XNO	13. WAS DEC	O 8 7 8 ENDENT OF HISPAN celfy Cuban, Mexicar 2 NO Specify	n, Puerto Ri		or No- 14. I	RACE — / Black, Wi Specify:	states Amarican Indian, hite, etc.
	15. DECEDENT'S EDUCATION		18a. DECEDENT'S USUA	L OCCUPATIO	N	16b. I	KIND OF BUS	INESS/INDUSTI		HILLE
<u></u>	(Specify only highest grade completed in the complete in the c	eted) lege (1-4 or 5 +)	(Give kind of work do life. Do NOT use retire	one during mo id.)	el of working	200710				
전		4	Computer	Prog	grammer	U	S Got	<i>j</i> ernme	nt	
COMPLETED	17. FATHER'B NAME (First, Middle, Lest)				16. MOTHER'S NAI					
BE	Andrew Sidlowski	<u> </u>			Martha					
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR				r, City or Town	, State, Zip Code)	
	Martha Rossi		PLACE OF DISPOSITION		em 10a-	TOI	L an: 100	CATION — City		0.4
	Maintail 2 Cremation 3 Improved to	mm State	other place) Gertru					onia,		OTHER
	21. SIGNATURE OF FUNERAL SERVICE DICENSES			22. NAME AN	D ADDRESS OF FAC	CILITY				
4	M Leaving	h. Va			-Pearso					
-	36. PART I. Enter the diseasee, or compl	ications that caused			Wilson				on,	VA Approximate
	shock, or heert fellure. List o				ac or cynng, cao.		00 01 10ap.	atory arroot,		Interval Between Onset and Death
ı	disease or condition	BRONCHOGE	NTC CARC	TNOMA	4					4 MOS.
	resulting in death) s		CONSEQUENCE OF):							
z										
CERTIFICATION	Sequentielly list conditions, If any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
2	CAUSE (Disease or injury	DIE WOOD AS A	CONSEQUENCE OF):							
E	thet initiated events resulting in deeth) LAST	DUE TO (OH AS A	CONSEQUENCE OF:							
병	d									
A.	PART II. Other significent conditions con	stributing to deeth be	ut not resulting in the	underlyin	g ceuse given in	Part I.	24a. WAS AN PERFOR		24b. WE	RE AUTOPSY FINDINGS MLABLE PRIOR TO
100			· · · · · · · · · · · · · · · · · · ·			- 1	1 TYES 2	KNO		MPLETION DF CAUSE DEATH?
Σ						_			1 [YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			20 01	ACE OF OEATH (Ch					
고 고	EXAMINER? HO	SPITAL:		HER:	e 5 Residence					
PHYSICIAN: MEDIC	27. MANNER OF DEATH	26s. DATE OF INJURY	28b. TIME OF	26c. INJ	URY AT	_		NJURY OCCUR	ED .	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY		PRK7 YES 2 NO					
D BY	2 Accident investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, street,	factory, offic	•		TION (Street a	und Number or R	ural Rout	Number,
	4 Homicide detarmined						, , , , , , , , , , , , , , , , , , , ,			
COMPLETED	29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: MEDICAL EXAMINER: On								use(s) an	nd manner as stated.
	29b. SIGNATURE AND STILE OF CERTIFIER	/		_	29c. LICENSE NUI	MBER		29d. DATE SIG	SNED (M	onth, Day, Year)
H	Oller 274	Zm	~ M	D	1501:				6/9	7.
2	30. NAME AND ADDRESS OF PERSON WHO COM									
	Peter G. Hamm, Mi) 5454 Wi	sconsin	Aveni	ie Chev	y Ch	ase,	MD 2	208]	L5
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		7					
	FEB 2 b	1992 4	En Truiter ?	Phylips	4					
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funeral director,

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page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O.	that	7
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/	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif	The Prince of the Paris and th
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Midrile. Last) 2 DATE OF DEATH 3. TIME OF DEATH 4.4 5AM anoll Harrod 02 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday, IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 19-50-7144M 1 - M 2 F -12-19 MU 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 0+ 110 RESIDENCE OF DECEDENT 10a STATE 10h COUNTY Ba 170 10d. INSIDE CITY LIMITS? 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? Mc Kear 21217 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) BY 1 TES 2 TOND Specify: 3 Widowed 4 Divorced Black BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) notified at 196 MAILING ADDRESS / 2 4205 Rul Balto 21229 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City 1 Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) Ma examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME medical 23. PART i. Enter the diseeses. or conglications that caused the deeth. Do not enter the mode of dying, auch as cardiec or respiratory arrest, Approximate Interval Between IMMEDIATE CAUSE (Finel Onset and Death cremation, the disease or condition the attending physician and completely Mental Hygiene prior to burial, cremati resulting in death) traumatic event, CERTIFICATION Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF). or other t DUE TO (OR AS A CONSEQUENCE DE) resulting in deeth) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and a AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any Health a 1 TYES 2 ND 1 YES 2 NO PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL Item : 26. PLACE OF DEATH (Check only one) State EXAMINER? HOSPITAL: 1 VES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Rasidenca 6 Other (Specify) the Ö 27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, With With 1 Natural 1 YES 2 ND BY death 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town State) COMPLETED 6 Could not be DIRECTOR: hours after 4 Homicide 28 ltem. 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If II (Check only one) MEDICAL EXAMINER BE 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD 732 REGISTRAR'S SIGNATURE

EPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should him 72 hours death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPDRIMAR. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be distermined	unknown IAN: To the best of my k t: On the basic of examin	Dulpstient 3 DOA 4 RY 28b. TIME C INJUR URY — At home, ferm, stre Specify) nowledge, death occurred a stion end/or investigation, in	PTHER: Nursing Home PF V 28c. INJU WOR 1	AY AT K? S 2 \sum NO and piece, end due with occurred at the	28d. DES- unkn 28f. LOCA City of unkn	(Specify) CRIBE HOW INJURY OCC OWD TION (Street and Number or Town, State) OWD De(e) and manner as state and piece, and due to the	or Rural Rou d.	ite Number, ind menner as stated. fonth, Day, Year)
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation 3 Suicide 8 Could not be determined 4 Hornicide Check only one) 2 MEDICAL EXAMINER	28e. DATE OF INJU (Month, Day, 16 2 - 1 9 - 9 2 28e. PLACE OF INJU (Month, Day, 16 2 - 1 9 - 9 2 28e. PLACE OF INJU building, stc. (UN KNOWN) CIAN: To the best of my k 1: On the basic of examin	Dulpstient 3 00A 4 RY 28b. TIME 0 INJURY — At home, ferm, stra Specify) nowledge, death occurred a	PTHER: Nursing Home PF Y 28c. INJU WOR 1	8 Residence 7 AT X7 S 2 NO nd plece, end du	28d. DES- unkn 28f. LOCA City of unkn	(Specify) CRIBE HOW INJURY OCC OWD TION (Street and Number or Town, State) OWD se(e) and manner as state and piece, and due to the	or Rural Rou d.	ite Number,
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be differented	28e. DATE OF INJU (Month, Day, 16 2 - 1 9 - 9 2 28e. PLACE OF INJU (Month, Day, 16 2 - 1 9 - 9 2 28e. PLACE OF INJ building, stc. (unknown	Dulpstient 3 00A 4 RY 28b. TIME 0 INJURY — At home, ferm, stra Specify) nowledge, death occurred a	THER: Nursing Home F 28c. INJU WOR 1 Ye et, factory, office	8 ☐ Residence RY AT K? S 2 ☑ NO	8 Other 28d. DES unkn 28f. LOCA City o unkn	(Specify) CRIBE HOW INJURY OCC OWD TION (Street and Number or Town, State) OWD	or Rural Roo	ite Number,
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TO YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be distermined	1 Inpetient 2 X ER/ 280. DATE OF INJU (Month, Day, Ye 2-19-92 280. PLACE OF INJ building, stc. (UNKNOWN	Dulpstient 3 00A 4 RY 28b. TIME 6 INJUR URY — At home, ferm, stre Specify)	OTHER: Nursing Home OF 28c. INJU WOR 1 Y et, factory, office	8 ☐ Residence RY AT K? S 2 ☑ NO	e Other 28d. DES unkn 28f. Loca City o unkn	(Specify) CRIBE HOW INJURY OCC OWD TION (Street and Number or Town, State) OWD	or Rural Rou	
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	26e. DATE OF INJU (Month, Dey. Ye 2-19-92 26e. PLACE OF INJ building, etc. (Outpatient 3 DOA 4 RY 28b. TIME C INJUR URY — At home, ferm, stre	THER: Nursing Home PF 28c. INJU WOR P M 1 1 1 Y	8 - Residence RY AT K?	28d. DES	(Specify) CRIBE HOW INJURY OCC OWN TION (Street end Number of Nown, State)		
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 □ Inpatient 2 🕅 ER/- 28e. DATE OF INJU (Month, Day, Ye) 2-19-92	Outpatient 3 DOA 4 RY 28b. TIME C INJUR	THER: Nursing Home PF 28c. INJU WOR P M 1 1 1 Y	8 - Residence RY AT K?	8 Other	(Specify) CRIBE HOW INJURY OCC		
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 X ER/s 28e. DATE OF INJU (Month, Day, Ye.	Outpatient 3 DOA 4	THER: Nursing Home PF 28c, INJU	8 - Residence	6 🗆 Other	(Specify)	URED	n.
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	1 ☐ Inpetient 2 X ER/	Outpatient 3 DOA 4	THER:					
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	HOSPITAL			CE OF DEATH (C)	heck only one)		
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					_	20		YES 2 ND
						PERFORMED?	A	WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
resulting in death) CAST	contributing to deel	th but not resulting in	the underlying	cause given in	Part i.	24a. WAS AN AUTOPSY	24b. V	ERE AUTOPSY FINDINGS
resulting in death) LAST								
CAUSE (Disesse or Injury that initisted events	DUE TO (OR	AS A CONSEQUENCE OF):						-
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE OF):						
Sequentially list conditions,								
resulting in death)		intoxication intoxication intoxication in the consequence of the conse	on					
IMMEDIATE CAUSE (Final disease or condition	N' 1 '	2-2-2						Onset and Deet
23. PART I. Enter the diseases, or conshock, or heart feilure. L	omplications that cau let only one cause o	used the deeth. Do not in each line.	anter the mod	e of dying, suc	ch se card	lec or reepiratory srre	est,	Approximata Interval Between
Calvin B-	Scrugo	post.	1412	E. Pre	estor	Street.	Bal	to.Md.21
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	. 0	Calv	in B.	Scri	iggs Fune	ral	Home
4 Donation 8 Other (Specify)		cometery, cremetory or other Wt. Zion	Cemete	ry 2/2	25/92	Baltim	ore	Maryland
20s. METHOD OF DISPOSITION 1. Burisi 2 Cremetion 3 Remo		20h DI ACE AND DATE OF	DISPOSITION / Non	n of	DATE	Baltimor	Mar on Tour	- Otest-
Luwana Chambe:	rlain	7.600 F	Chos	number or Rural	HOUTE Numb	Roll + 1 man	Code) 2	1213
James Wilson 190. INFORMANT'S NAME (Type/Print)		19h MARING AT	ODESS /0	Luwar	ia Jo	hnson er, City or Town, State, Zip	Ondo) =	2.07.5
17. FATHER'S NAME (First, Middle, Last)					AME (First, N	liddle, Malden Surname)		
11th grade	none	Labo	rer		G1	obe Vene	tion	Blind C
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of word life. Do NOT use r	k done during mos	of working	100.	or Goomess/MD	voini	
15. DECEDENT'S EDUC	ATION	16e. DECEDENT'S US	UAL OCCUPATION	-4-5- I	166	KIND OF BUSINESS/IND		roid
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1 Y	R DATES		Hy Cuban, Mexic		lican, atc.)	Specify:	
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECE	NDENT OF HISPA	NIC ORIGIN			States - American Indian, White, etc.
	l Avenue		10f.	ZIP CODE 21217	z			AT COUNTRY?
Maryland 10e. STREET AND NUMBER	none			+6%	7 A		1	▼ YES 2 NO
10a. STATE 10b. COUNTY			TOWN OR LOCATE	DN]	Balti	more Cit	v	Od. INSIDE CITY
RESIDENCE OF DECEDENT	Hospita	1	Balti	more C	ity		nor	ie
Johns Hopkins	reet end number)	9	b. CITY, TOWN OF	LOCATION OF D	EATH		TY OF DEA	
9a. FACILITY NAME (If not inetitution, give structure) Johns Hopkins	1 □ M 2 🙀 F	37 YRS. M	DAYS DAYS	HOURS MIN.	107	Dey. Year)	Country)	vland
9a. FACILITY NAME (If not inetitution, give str		Harris GE (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (19 DE BIRTH		5:00 P.
	Jean	**			MONTH		YEAR	. TIME OF DEATH

FEB 2 0 1992

	phould	s after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	
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AT ENDING PRINCHAY, HE IAM INVESTIGATED BE EXECUTED WITHIN A HOURS ARE DEATH. PAGE & MAY DE TRIAINED BY THE NOSPITAL OF ATTENDING PHYSICIAL	rtifica	he St	28 is marked or item 23 shaws any injury or other transmits event the madical averages and the security as
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	FOR 1 - STATE	STATE OF M							MENTAL HYGIER	IE	92	04658
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) GEORGIA	E. Ho	LLAN	RTIFIC	CATE	OF [DEAT	H	2. DATE OF DEATH MONTH	MY -	YEAR 2	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 216-12-1790	1 🗆 M 2 🗡 F	6. AGE (In yrs. lest I		IF UNDER 1		IF UNDER :	MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-20-21			PLACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give st BON SECOUL RESIDENCE OF DECEDENT		PITAL			ALTIN		N OF OE	ATH	9c. COU	INTY OF OE	EATN
DIRECTOR	MD 106. STATE 106. COUNTY				TOWN OF	R LOCATIO	N					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 827 ARLINGTON A	VENUE AP	T. 205				P CODE	7		10g. CIT		HAT COUNTRY?
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAT	YES 2 V NO	ED	1 11	YES 2	fy Cuben.	, Mexicar	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No	14. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Give	EDENT'S US So kind of wor So NOT use I	rk done du retired.)	CUPATION uring most of	of working		16b. KINO OF BU	SINESS/INI	DUSTRY	BLACK
BE COM	17. FATHER'S NAME (First, Middle, Last)						LAUI	RA B	ME (First, Middle, Maiden	USE		
2	190. INFORMANT'S NAME (Type/Print) CLIFTON COLLINS							AVE	oute Number, City or Tow . / BALTIMO	n. State. Zij RE, N	4D 21	223
	20a. METNOD OF OISPOSITION 1 XI Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FULLIAL SPYICE LICE		20b. PLACE AN cemetary, crema K I NG	atory or othe	RIAL	PARK	<		RAN		STOWN	
	Thomas	TK. (Jone	0	WM	.C.M	ARCH	F.I	H./1101 E.			'ENUE
	23. PART I. Entar the disasses, or cahock, or heart failure. LimmeDiaTe CAUSE (Finel disesse or condition resulting in death)	List only ona cause	private As A CONSEQUE									Approximate interval Batween Onsel and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST B. Reprivatory Farth DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given i							AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN?				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Impatient 2 ER/Outpatient 3 DOA									ck only one)			
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF IN (Month, Day,	IJURY :	26b. TIME C	OF 2	Me. INJURY WORK	Y AT		26d. DESCRIBE HOW I	NJURY OC	CURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF I	INJURY — At home c. (Specify)	o, farm, stre	et, factor	ry, office			281. LOCATION (Street City or Town, Stere)	and Number	or Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	tAN: To the best of m	y knowledge, death mination and/or inv	eetigetion, i	et the fim	ne, dete en Inlon, deetl	d place, e	and due to	o the cause(s) and mai	nner ee stat	led. na ceuse(e)	end manner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTAFIER TO NAME AND ADDRESS OF DESCRIPTION	ouls				29	D 2		56	29d. DAT	2/17	Month, Day, Year)

29c. LICENSE NUMBER D 26 2 5 6 29d. DATE SIGNEO (Month, Day, Year)

2/17/92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BICH DUONG 1940 W BATIMORE ST BALTIMORE MO 21223 32. REGISTRAR'S SIGNATURE

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	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPAR				MEN1	AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES H.	HARDIN	6, Sr.					TE OF DEATH DAY	95		30 P M
	4. SOCIAL SECURITY NUMBER 5. S.	SEX 6. AGE (II	n yrs. lest birthday) 77 YRS.	IF UNDER 1		IF UNDER 24 HRS. HOURS MIN.	(Me	TE OF BIRTH porth, Day, Year) 3-5-14	Co	nAt	E (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street a CHESAPEAKE MA RESIDENCE OF DECEDENT	NOL		96 CITY, TOWN OR LOCATION OF DEA			HTA	ATH 9c. COUNTY OF DE ANNE H			NDEL
DIRECTOR	10s. STATE 10b. COUNTY	Arundel		v, town or		n					INSIDE CITY
	10e. STREET AND NUMBER					CIP CODE			1 VES 2		
FUNERAL	4 Hampton Rd.				1_	21090			Unite		
BY	1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 K NO	H	yes, spec	IDENT OF HISPAN Ify Cuban, Maxica NO Specify	n, Puar	GIN? (Specify Yaa o to Rican, atc.)	В	necthr	nerican Indian, a, atc.
田	15. OECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S	work done di	CUPATION uring most	of working	- 1	16b. KIND OF BUSI	NESS/INDUSTR	Υ	
COMPLETED	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	Maint.	900000	nic			General	Refrac	tori	es
ŏ Ö	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA		st, Middle, Maiden S		JCO1 1	
BE	George E. Harding							y Ruby			
2	19a. INFORMANT'S NAME (Typo/Print) Carole L. Harding				,			umber, City or Town,)	
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal	from State G.	PLACE OF DISPO	SITION (Nan	ne of ceme	tery, cremetory or		20c. LOC	ATION — City o	r Town, Si	A.A., MD
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNITIAL SERVICE-LICENSI			Ž,	AME AND	ADDRESS OF FA	CK.	Funeral	Home		MD 21061
	23. PART I. Enter the diseases, or comp shock, or heart fellure. List	olications that caused	the death. Do								Approximata
	IMMEDIATE CAUSE (Final	ON GES DUE TO (OR AS A Arthrae S		4	BAR	-1	Ft	11641	. B		Interval Batween Onset and Deeth
_		Arterne Si	clerte	Co	ende	iovare	لسا	Les Dire	are	į	
NTIO	If any, leading to immediate	DUE TO (OR AS A									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events reaulting in death) LAST	CONSEQUENCE O	OUENCE OF):								
	d							T '			
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions co		Lew			ceuse given in	Part I	24a. WAS AN A PERFORM 1 TYES 2	MED?	COMI OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEATH (Ch	neck ont	v one)			
SICI	EXAMINER?	OSPITAL:	atient 3 DOA	OTHER 4 Wins	li	5 Residence					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TII		28c. INJUI WOR	RY AT K?	Y	DESCRIBE HOW IN	JURY OCCURE	D	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicida detarmined	28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCAT						OCATION (Street and Number or Rural Route Number, ity or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: On	: To the best of my knowl n the basis of examination								rse(e) and	manner as stated.
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER	? Nedi	cerf On	reel	ar	29g. LICENSE NUI	6 8	94	29d. DATE SIG	1181	th, pay, Year)
	C-V. CYRIAC- M.D.	OMPLETED CAUSE OF DE	RALN (a, Print)	, (SLEN	184	RNCE	, MO	210	061.
	31. OATE ELLEO (Month, Day, Year) FEB 20 1992	a Lavidson									

	STATE OF	STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						04660	
ast)					2. DATE OF D	EATN		3. TIME OF DE	EATN
N		Н	UTCHINS	on, Jr.	02	15	92	08:46	AM
	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7 DATE OF B	ВТН	a augr	HOLACE /Chate ou	Formle

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HE		ENTAL HYGIEN		04000		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN		
	VICTOR N		HU	TCHINSON	, Jr.	02 15	92	08:46 AM M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE				7. DATE OF BIRTH	8, 6	BIRTHPLACE (State or Foreign		
	220-03-0011	1 🔀 M 2 🗆 F	81 YRS. M	ONTHS DAYS I	HOURS MIN.	Dec. 8, 1	910 P	ennsylvania		
	9s. FACILITY NAME (If not institution, give str	set and number)	9	b. CITY, TOWN OR	LOCATION OF DEAT		9c. COUNTY			
DIRECTOR	NORTH ARUNDEL HOS	SPITAL ASSO	CIATION	GLEN I	BURNIE		Α.	A. COUNTY		
	Maryland Anne	Arundel		n Burnie				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	306 Greenway, S.E				1061			of what country? ed States		
TO BE COMPLETED BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 (NO	If yes, speci	IDENT OF HISPANIC Ify Cuban, Mexican, NO Specify:	ORIGIN? (Specify Yes Pusrto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White		
	15. DECEDENT'S EDUC. (Specify only highest grade of		16a, DECEDENT'S US	SUAL OCCUPATION	-4 - 44	166. KIND OF BUS	SINESS/INDUST	RY		
	Elementary/Secondary (0-12)	College (1-4 or 8+)	Super. of			Coast G Federal	uard Ya	ard		
	17. FATHER'S NAME (First, Middle, Lest)				16. MOTNER'S NAME	E (First, Middle, Meiden	Sumama)			
	Victor N. Hutchi	nson, Sr.				len Dillm				
	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street and		ute Number, City or Town		(e)		
	Mary Eileen Hutc	hinson				Burnie,				
	20 METNOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remov	val from Stats C0	b.PLACE AND DATE OF	DISPOSITION / Name	of	DATE 20c. LO	CATION — City	or Town, Stats		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		GIEII IAVEI				en Buri	nie, A.A., MD		
	10 the /	like				ck Funera		nie, MD 21061		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	EATUM TO TON KE	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	Carona ay Arti	W Shot	and in		Ham Ham		
PHYSICIAN: MEDICAL CE	PART II. Other algoliticant conditions	contributing to death	but not resulting in	tha underlying o	cause givan in Pa	24a. WAS AN. PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			E OF DEATH (Check	conly one)				
PHYSI	1 Tes 2 Tho	1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)		OF 28c INJUR		Other (Specify)	NURY OCCURE	0		
D BY	2 Aceldent Sucide 6 Could not be	28s. PLACE OF INJUR	Y — At home, farm, stra	M 1 YES	8 2 NO	81. LOCATION (Street a	nd Number or Ri	ural Route Number.		
ETEC	4 Homicide determined	building, atc. (Spe	effy)			City or Town, State)				
TO BE COMPLETE	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and placs, and dus to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
		HY, M.D./32	5/HOSPITAL	DRIVE,	#208/GLI	EN BURNIE	, MARYL	AND 21061		
	HILARY T. OHERLIHY, M.D./325/HOSPITAL DRIVE, #208/GLEN BURNIE, MARYLAND 21061 31. DATE FILED (Month, Def. Year) FEB 20 1992 32. REGISTRAR'S SIGNATURE									



adical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
n by the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
irs after death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN		04001		
	1. DECEDENT'S NAME (First, Middle, Les	T. Hon	LORA THER	ESA HOMER	2. DATE OF DEATH MONTH	-1993	3. TIME OF DEATH 2:25 A M		
DIRECTOR	4. SOCIAL SECURITY NUMBER 217 01 7797	797 1 M 2 M F 80 YRS. MONTHS DAYS HOUNS MIN. (MOTE DAY 1971) MARY							
	99. FACILITY NAME (II not institution, give street and number) HATTORY RESIDENCE OF DECEDENT 90. COONTY OF DEAD HAVE OR GIACE HATTORY RESIDENCE OF DECEDENT								
DIREC	MARYI AND HAF	REORD COUNTY		OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	300 SUN FLOWER		7//	101. ZIP CODE 21014		10g. CITIZEN (USA		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EYER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS OECENDENT OF HISP if yes, specify Cuban, Mex 1 YES 2 NO Spe	can, Puerto Rican, etc.)	8	ACE — American Indian, Heck, White, etc. (pec/ly:		
COMPLETED	15. OECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of won life. Do NOT use r CLOTHING	k done during most of working etired.)	SEW I NO	SINESS/INDUSTR	Y		
COM	17. FATHER'S NAME (First, Middle, Last) EDWARD NUCHILL	I	CEOMINO	18. MOTHER'S	IAME (First, Middle, Melden DI ANGELO		VI		
TO BE	190. INFORMANT'S NAME (Type/Print) MAUREEN L. REI		196, MAILING AS	DORESS (Street and Number or Run LESTE ROAD, FO	al Route Number, City or Tow	m, Stere, Zip Code MD 210	50		
	20a. METHOD OF DISPOSITION 1	200	PLACE AND DATE OF one tery, cremetory or other	DISPOSITION (Name of		CATION — City o			
	21. SIGNATURE OF FUNENAL SERVICE I	JOENSES ROMALD WA	DE, DIR	22. NAME AND ADDRESS OF	STATE	ANATOM			
-	23. PART I. Enter the diseases, of shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CO.PD. COURTO OR AS A	ach lina.		ich as cerdiac or respi	iratory srrest,	Approximate interval Between Onset and Daath		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): COY - Pulmonalal DUE TO (OR AS A CONSEQUENCE OF): Severe Hyme & almia. Carefentin (lespacidosis. DUE TO (OR AS A CONSEQUENCE OF): a. There is the pulmonalal conditions, if the pulmonalal cause is the pulmonalal conditions of the pulmonalal cause is the pulmonalal caus								
MEDICAL	PART II. Other significent condition HISP .		0.		Part I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE OF DEATH (CTHER: Nursing Home 5 Residence					
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJURY AT	28d. DESCRIBE HOW II	NJURY OCCURED			
	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined	284 PLACE OF MILITA	— At home, ferm, stre-	et, fectory, office	281. LOCATION (Street a City or Town, State)	and Number or Rui	ral Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my know	ledge, death occurred a	it the time, date end place, and do n my opinion, death occured at th	re to the cause(s) and mar	nner as stated.	ne(s) end manner se stated.		
BE	296. SIGNATURE AND TITLE OF DESITIES	B. D.	PAREKH	MD. 200. LICENSE NI D184		29d. DATE SIGN	IED (Month, Day, Year)		
2		MD. 1908	HARFORD	RD, FALLS		21047	٠		
	TEB 20 1992 July Day door - Mandage 1								

BALTIMORE, MARYLAND 21215-0020	holds after death. Page 6 may be retained by the hospital or attending physical	ed in by the funeral director, page 5 should be detached for use as me burns, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Fiol.; after death. Page 6 may be retained by the hospital or attended to the hospital or attended to the contract of the contract o	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as meaning the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTIF	ICALE	OF DEAL	п	REG. NO.			
1. OECEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATH DAY 02 12			9 2 3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER	ae Johnson	E (In yrs. last birthday)) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH		A. BIRTHPLACE (State or Foreign	
216-24-7918	1 □ M 2 🛱 F	66 YRS.	MONTHS	NTHS DAYS HOURE MIN.		(Month, Day, Year) 11-03-25		Maryland	
9a. FACILITY NAME (If not institution, give 3757 Columbus	96. CITY, TOWN OR LOCATION OF DEATH Baltimore City 9c. COUNTY OF DEATH								
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. C/1	ry, TOWN OR	LOCATION LMOTE (¹i ⊬ x	7	10d, INSIDE CITY LIMITS?		
MD .						10g. CITIZEN OF WHAT COUNTRY?			
3757 Columbus	11	10f. ZIP CODE				.S.A			
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	es 2,500	H		, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 1	Black, WI	American Indian, hite, etc. Black
15. DECEDENT'S EO	JCATION e completed)	16a. DECEDENT'S	S USUAL OCC	CUPATION ring most of working	a	16b. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	U.S	. Cus	stoms		Feder	al G	over	nmwnt
17. FATHER'S NAME (First, Middle, Last)	C Johnson	m		18. MOTH		ME (First, Middle, Meiden etty Wa]	sumama) ker		
19a. INFORMANT'S NAME (Type/Print) Doris S. Stre	<u>S. Johnso</u> et	19b. MAJLING	2 Fe:	(Street end Number	or Rural	Route Number, City or Tow enue Balt	n, Stuta, Zip C	D. 2	1215
20s. METHOD OF DISPOSITION 1 ∰ Burial 2 ☐ Cremation 3 ☐ Res		20b. PLACE ANO DAT	TE OF OISPO	SITION (Name		OATE 20c. LC	CATION — C	ity or Town,	State
4 Donation 8 Other (Specify)	ICENSEE /	Arbutu	s Mei	n. Park	2 ·	des arms	Balto		
(Vareeta	Secti	#281		L.Phill		F/H 1/2			onroe S 21217
disease Dr condition resulting in death) a.									
resulting in death) LAST									
PART II. Other algnificant condition				PERFO	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		ERE AUTOPSY FINDIN AILABLE PRIOR TO EMPLETION OF CAUSE DEATH? YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 2 DOA	OTHER:						
27. MANNER OF DEATH 1 Matural 8 Pending	28a. DATE OF INJU (Month, Day, Ye			28c. INJURY AT WORK?		28d. DE\$CRIBE HOW INJURY OC		CURED	
2				M 1 YES 2 NO street, factory, office 28f. LOCAT City or			ITION (Street and Number or Rural Route Number, r Town, State)		
(Check only	SICIAN: To the best of my k								nd manner as stated
29b. SIGNATURE AND THILE OF CERTIFICATION	much 1	10	29c. LICENSE NUMBER 29d. DATE SIGN 29d. DATE SIGN				SIGNED (M	Jones, pay, Vear)	
30. NAME AND ADDRESS OF PERSON V	SO COMPLETED CAUSE OF	DEATH (ITEM 27) (Ty)	oe, Print)	060	(0	ant Rd	1	1	1
S1. DATE FILED (Month, Day, Year) FFB 2 0 1992	Julia Dandson	SIGNATURE SE						7	_

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.		
1, DECEDENT'S NAME (First, Middle, La	nt)				2. DATE OF DEATH MONTH	DAY	YEAR 3.	. TIME OF DEATH
CHESTER	DAVID	ЈОН	NSON					11:30 P.
4. SOCIAL SECURITY NUMBER 214 84 8167	5. SEX 8.	AGE (In yrs. last birthday) 30 YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 6, 1		L. BIRTHPL Country)	ACE (State or Foreign
Se. FACILITY NAME (If not institution, give	CAL		100	OR LOCATION OF O	EATH	9c. COUNT		
HARBOR HOSPIT RESIDENCE OF DECEDENT 10a. STATE Md. Bal 10a. STREET AND NUMBER 3112 Aspen Ct. 11. Marital Status			ry, town on Loca andsdown					od. INSIDE CITY LIMITS? YES 2 NO
3112 Aspen Ct.			10	ZIP CODE	227		S.A.	AT COUNTRY?
3 Widowed 4 Divorced	IF YES, GIVE WAR OR OATI				NIC ORIGIN? (Specify York, Puerto Rican, etc.)	es or No— 1	4. RACE — Black, V Specify:	-American Indian, White, etc. White
15. DECEDENT'S E (Specify only highest or Elementary/Secondary (0-12) 9th Grade 17. FATHER'S NAME (First, Middle, Lest)	OUCATION ide completed) Coffege (1-4 or 5+)	16a. OECEDENT'S (Give kind of life. Do NOT u Sidi		ON st of working		Improve		cs
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	on Surname)		
Chester Joh	nson			Doroth	y Latvan	as		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	own, State, Zip C	iode)	
Tammy Ballard		3112	Aspen C	t. Lands	downe, MD	. 2122	27	
20a. METHOD OF DISPOSITION 1	amoval from State	20b. PLACE AND DATE cemetery, crematory or o	ther place)			LOCATION — CH		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Glen Have		AL Park O ADDRESS OF FA		Glen Bu	<u>irnie</u>	e, MD.
* Rechand	8.59	4.			Ritchie	Hwv Ba'	lto N	m 21225
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR	AS A CONSEQUENCE O	f):					
PART II. Other significant conditions	ona contributing to de	ath but not resulting	In the underlyin	g ceuse given in		AN AUTOPSY ORMED?	AV CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
					- / `		1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1		26. P	ACE OF DEATH (Ch	eck only one)			
EXAMINER? 1X YES 2 NO	HOSPITAL:	NOutpatient 3 DOA	OTHER:		6 X Other (Specify) 2	300 M	OPEC	AT P A VIE
27. MANNER OF DEATH	28s. DATE OF INJ	URY 28b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HOW			LK AVE.
1 Natural 5 Pending	02-18-			RK? YES 2 THO	SUBJECT	DAC C	υοт	
2 Accident 3 Suicide 4 Non-Suicide 5 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) STREET 28f. LOCATION (Street and Number or Rural Route Number, 2 300 Non-North FOLK AVENUE 28d. CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 28d. CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner						te Number,		
A made	/SICIAN: To the best of my							
	0 0	Non-strate investigance	or, ir my opinon, c			and dua to the c	cause(a) ar	nd manner as stated.
291 SIGNATURE AND TITLE OF CENTIF	Salh \	M		O C M F				onth, Day, Year)
A A A A A	WHO COMPLETED CAUSE O			O.C.M.				
31. DATE FILED (Monin, Day, Mari)	Julia 1000 1000		TTMM ST	KEEL BA	LTIMORE	MAKI	LAND	21201
FEB 20 1992	The state of the s		7					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-time be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

92 04668

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dopt. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MA REGISTRAR PIATO KLEMCZ	ARYLAND / DEPARTI	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.					
	PETER KLIMCZAI	Peter Paul K	1imczak	2. DATE OF DEATH	9 3. TIME OF DEATH				
	2/3-12-0895 1 DM 2 0 F	7/ YRS. M	F UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)					
9a. FACILITY NAME (If not Institution, give street and number) Harbor Hospital Center Baltimore City 9c. COUNTY OF BESIDENCE OF DECEDENT 9c. COUNTY OF BALTIMORE 9c.									
DIRECTOR	Maryland 10b. county ======		own or Location timore	10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
FUNERAL	10e. STREET AND NUMBER 4114 Audrey Avenue		101. ZIP CODE 21225	ing. of the country					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 X FORCES? 1 X IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Maxica 1 YES 2 X NO Specifi	in, Puerto Rican, etc.)	14. RACE — American Indian, Black, Whita, atc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use n	done during most of working stired.)	166. KIND OF BUSINESS					
	10 Grade 17. FATNER'S NAME (First, Middle, Last)	Securit	18. MOTHER'S NA	Water Fr	ne)				
H	Peter K1 19a. INFORMANT'S NAME (Type/Print)	imczak		resa Kapita					
Mary Klimczak 19b. Maling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4114 Audrey Avenue Baltimore, Maryland 2									
	20s. METNOD OF DISPOSITION 1 State 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of competery, crematory or other place) Sacred Heart of Mary Cem. 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. Baltimore, Maryland								
	22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225								
ATION	23. PART. Enter the disease, or complications that ceused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, enock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSCOUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that Initiated evente resulting in death) LAST	A AS A CONSEQUENCE OF):	25/40/07						
CIAN: MEDICAL	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
BY PHYSI	EXAMINER? 1 YES 2 NO 1 Unpetient 2 EN/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Matural 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 28e. INJURY WORK? M 1 YES 2 NO								
	2 Accident Investigation 3 Suicide S Could not be datermined 2se. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 2se. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)								
COMPLET	29a. CERTIFIER (Check only one) 1 DEERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.								
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER THE CLIVE MA. JEDRGE A CENIT 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF	296. SIGNATURE AND TITLE OF CERTIFIER TY CENTRAL HD HOUSE 296. LICENSE NUMBER							

3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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leath.	
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tificate	and and
Cer	dia.
death	A 500 a.m.
the	440
that	A 10
requires	nam minne
A.	4
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IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. P.	III Differently, 64an object home been signed by the extension of section and secondary, 60a, 5 at 5
9	4
NON	10. 44
E.	ŧ
8	Sign of the last
甚	-

	Ha	rola	K	nex					0	1	CA (92	71.00
	4. SOCIAL SECURITY NUMB		5. SEX		rs. last birthday)			IF UNDER 24 I	IRS. 7. DA	TE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	364-30	4199	1 X M 2 🗆 F		65 YRS.	MONTHS	DAYS	HOURS M		-4-26		Country)	GEORGIA
~	9a. FACILITY NAME (If not in							OR LOCATION	OF DEATH	1 20	9c. COUN	TY OF DEA	
DIRECTOR	RESIDENCE OF DEC	/	Medica	PC	enter	13	a (+	EMO?	re				
) 	10a. STATE	10b. COUNT	,		10c. Cf	TY, TOWN O						1,4	Id. INSIDE CITY
뚭	MD				RA	LTIMO	RF						LIMITS?
4	100. STREET AND NUMBER				Dit	_ 1110	-	. ZIP CODE			10g, CITIZ		T COUNTRY?
ER	1928 Divisi	on Str	reet					212	17			U.S.	
BY FUNERAL	11. MARITAL STATUS 1 X Never Married 2 3 Vidowed 4 Divor		12. WAS DECEDENT FORCES? 1 S IF YES, GIVE WA	YES 2	NO NO	11	yes, sp	ecify Cuban, M	ISPANIC ORI lexican, Puar Specify:	GIN? (Specify Vio Ricen, etc.)	es or No-	Black, V	American Indian, Thite, atc.
ETED	15, DECI (Specify only	DENT'S EDU	CATION COmpleted	18	a. DECEDENT'S	S USUAL OC	CUPATIO	ON	1	66, KIND OF B	USINESS/INDU	ISTRY	
9	Elementary/Secondary (0-		College (1-4 or 5 +)		(Give kind of life, Do NOT L	1PLOYE		st or working					
COMPL	7th				UNCI	IPLUIL	·U						
ဗ	17. FATHER'S NAME (First, Mi	ddle, Last)								t, Middle, Maide	n Sumame)		
BE	ED COOLEY								E LOT				
2	19a. INFORMANT'S NAME (7)									imber, City or To			
	ERNEST COO								BALTIM	IORE, M			
	20a METHOD OF DISPOSITION 1 Surial 2 Cremation 4 Donation 5 Other	Specify)			RISON"	FURES	ST V	A CEM.			NGS MI		
	21. SIGNATURE OF FUNERAL	SERVICE LIC	LA-	~				ID ADDRESS C		101 5	NODTI		W.F
	23. PART I. Enter the dis	0-/	T	-//						101 E.			NUE
ERTIFICATION	Sequentially list condition if any, teading to immed ceuse. Enter UNDERLY!! CAUSE (Disease or Injurable initiated events resulting in death) LAST	liate NG y	. /	HELL HELL	MOM /	9							
O	PART II. Other aignificer	nt condition				in the und	derlying	cause give	n In Part I.	24a. WAS AI	N AUTOPSY		RE AUTOPSY FINDIR
N: MEDICAL	ACC	oho	(45	use						1 TYES	2 NO	OF	MPLETION OF CAUS DEATH? YES 2 NO
₹∥	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DEATH	(Check only	one)			
SICIA	1 YES 2 NO		HOSPITAL:	R/Outpaties	nt 3 🗆 DOA	OTHER 4 Number	:	5 🗆 Realde					
ВУ РНҮ		ending	28a. DATE OF IN (Month, Day,	JURY	28b. TIN		28c. INJU	JRY AT	26d. D	ESCRIBE HOW	INJURY OCCU	IRED	
	3 Suicida 6 C	ould not be	28a. PLACE OF building, at	NJURY — A	At home, farm,	straat, fecto	_	VI	281. LC	CATION (Street by or Town, State		r Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDIC	FYING PHYSIC	CIAN: To the best of m	y knowledge	a, death occurr d/or investigation	ed at the tin	ne, date	and place, and eath occured at	due to the c	eause(s) and ma	nner as stated	i. cause(s) en	d menner as state
TO BE	294 SIGNATURE AND TITLE	lawl	ama (Try	se st	ff		D 4	NUMBER	7	29d. DATE :	SIGNED (MO	onth, Day, Year)
	RAJESH		COMPLETED CAUSE	OF DEATH	Gest	Frint)	edi'	cal	Cen	ter			
	31. DATE FILED (Month, Day, Y	ear)	32. REGISTRAR	SIGNATUE	RE (1		- (11				
	FEB 2 0 1	992	Julia David	son-ha	ndell								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

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idical examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
removal.	he may writin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
by the funeral director, page 5 should be detach	The THE THE MAN DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.
rs after death. Page 6 may be retained by the hos	In The Control of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos
BALTIMORE, MARYLANI	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FEB 2 0 1992

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPA	ARTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Lest) ELLSWORTH	LINDSAY	LEE JR.	2. DATE OF DEATH	3. TIME OF DEATH 92 7:45 at
M	5. SEX 8. AGE (In yrs. lest birthday	MONTHS DAVE MOVING MIN		BIRTHPLACE (State or Foreign Country)
98. FACILITY NAME (If not institution, give stre 4 1 4 CRISFIELD		96. CITY, TOWN OR LOCATION OF D		Y OF DEATH FORD
10e. STATE 10b. COUNTY	10c. C	CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER . 414 CRISFIE	Id DR.	101. ZIP CODE 2/009	10g. CITIZE	EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexico 1 YES 2 NO Specify		4. RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (Give kind i	T'S USUAL OCCUPATION of work done during most of working ruse retied.)	16b. KIND OF BUSINESS/INDU	STRY
17. FATHER'S NAME (First, Middle, Last) Ellsworth L	INDSAY LEE SK	16. MOTHER'S NA SEPhil	ME (First, Middle, Maiden Surname) 2 Rutherford	!
190. INFORMANT'S NAME (Type/Print) WANDA M. L.	19b. MAILI 414C	NG ADDRESS (Street and Number or Aural	Route Number, City or Town, State, Zip C	Code)
2pe, METHOD OF DISPOSITION Description De	al from State 20b. PLACE AND DAT		DATE 200 LOCATION - CH	ty or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICE WHITE TO THE PROPERTY OF THE PROPERTY O	Nocem)	22. NAME AND ADDRESS OF FA	COMMUNIT	FlH
23. PART i. Enter the diseases, pr co- ahock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the deeth. Do st pnly pna cause on each lina. Guns ho + W DUE TO (OR AS A CONSEQUENCE	o not enter the mode of dying, suc		st, Approximata Interval Betwee Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	OF):		
PART II. Other aignificant conditions	contributing to death but not resultin	g in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\subseteq \text{NO} \)
	HOSPITAL:	28. PLACE OF DEATH (CI		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 02/15/1992 6:	TIME OF LINJURY AT WORK? 3 0 a M 1 VES 2 X NO	SELF INFLICTE	ED GUNSHOT
3 Suicide 6 Could not be determined		HOME	281. LOCATION (Street and Number of City or Yown, State) 4 1 4 CRISFIEI	D DRIVE
	AN: To the best of my knowledge, death occi		***	RYLAND
A MEDICAL EXAMINER	On the beele of examination end/or investige	stion, in my opinion, death occured at the	time, date end place, end due to the	ceuse(e) end manner ee stated.

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PENN STREET

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21201

500 10 00

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY LIMITS? 1 X YES 2 | NO

14. RACE — American Indian, Black, White, etc. Specify: BLACK

> Approximats Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

1 TYES 2 THO

3. TIME OF DEATH 9:10 A M

REG. NO.

FOR STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

2 0 1992

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, La	hee.	DE ODE	SSA	(MAE) LEEPER	2. DAT	E OF DEATH	~ 9	YEAR 3. TIME OF
	4. SOCIAL SECURITY NUMBER 220–22–2078	5. SEX 6. AG	(in yrs. last birthday) 76 YRS.	IF UND MONTHS	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		8. BIRTHPLACE (State Country) N.C.
	9e. FACILITY NAME (If not institution, give	e street end number)	70	9b, CIT	TY, TOWN	OR LOCATION OF E		4-13	9c. COUN	TY OF DEATH
TOR	BALTIMORE COUNT	Y GENERAL HO	SPITAL							TIMORE
DIRECTOR	10e. STATE 10b. COU	YTY		LTIN	OR LOCA	TION				10d. INSIDE LIMITS
MA	104. STREET AND NUMBER				10	I. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTI
NEF	2710 BOOKERT DRI					21225			U	S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13	If yee, s	CENDENT OF HISPA Decify Cuben, Mexic S 2 X NO Speci	en, Puerto	N? (Specify Yes Ricen, etc.)	or No	14. RACE — American Black, White, etc. Specify: BLACI
COMPLEIED	15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)		16a. OECEDENT'S (Give kind of life. Do NOT o	work done ise retired.	during m	ON ost of working	16	b. KIND OF BUS	SINESS/INOU	
Š	17. FATHER'S NAME (First, Middle, Last)			-		18. MOTHER'S NA	AME (First,	Middle, Meiden	Surneme)	
BE	FRANK RUSSELL J	OHNSON				ETTA :	SHOFF	ORD		
2	19e. INFORMANT'S NAME (Type/Print)					and Number or Rural				
	VALERIE PAULETT					DRIVE/	BALT:			
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Re 4 Donation 8 Other (Specify)		Ob. PLACE AND DATE				OAT			ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE		MI. CALVA	-		ND ADDRESS OF FA	ACII (TV	ANN	IE ARL	NDEL CO,
		+ 10	20- 1							
	23. PART I. Enter the diseases, or shock or heart fellow	un je	nes			MARCH F.				
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	bDUE TO (OR AS	A CONSEQUENCE O	F):		rof 1				
SAL	PART II. Other algnificent conditi		ewet	in the u	nderlyin	g csuse given in	Part I.	24a. WAS AN	MED?	24b. WERE AUTOPS AWALABLE PR COMPLETION
: MEDI	Brast (uncer						1 TES 2	₽ NO	OF DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (Ch	eck only o	10)		
X	1 - YES 2 - 3.00	1 Dipatient 2 ER/Ou	tpatient 3 DOA	OTHE 4 □ Nu		e 5 🗆 Residence	8 🗆 Othe	er (Specify)		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	URY AT PRICE 2 NO	28d. DE:	CRIBE HOW IN	JURY OCCU	RED				
ETED	3 Suicide 8 Could not b determined	28e. PLACE OF INJUF building, etc. (Sp	NY — At home, ferm, ecify)	atreet, tac	ctory, offic		281. LOC City	ATION (Street er or Town, State)	nd Number o	Rural Route Number,
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY one)	SICIAN: To the best of my kno NER: On the basis of examinati	wiedge, death occurr on end/or investigation	ed at the	time, date	end place, end due	to the car	use(e) end men	ner es stated	couse(e) and manner
BE	CHANGE AND TITLE OF CENTIF		60 M	0		29c, LICENSE NUI		2		SIENED (Month Day, N
2	30. NAME AND ADDRESS OF PERSON VERSON	THO COMPLETED CAUSE OF D		Print)	spi	tal	Zau	dall:	stou	on M.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, P.O. BOX 6876	And the second s
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	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		
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IL OH ATTENDING PHYSICIAN: The law requires that the deam certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician,	R. A	er de	them 30 to months or them 32 about now injury or other bourses of the model of available to modified at any
A	ECTO	s aft	000
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND M	IENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DO		3. TIME OF DEATH
	RAYMOND G		LIV	/INGSTON		02 17	92	07:10 PM M
	4. SOCIAL SECURITY NUMBER 191~09-6070	1 1 x M 2 □ F 8	8 YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June 23,		BIRTHPLACE (State or Foreign Country) ennsylvania
TOR	9a. FACILITY NAME (If not institution, give str NORTH ARUNDEL HOS RESIDENCE OF DECEDENT			GLEN E	URNIE	NTN	9c. COUNTY	A. COUNTY
DIRECTOR	10a. STATE 10b. COUNTY	a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
3AL	10s. STREET AND NUMBER				ZIP CODE			OF WHAT COUNTRY?
FUNERAL	841.5 Rugby Rd.	12. WAS DECEDENT EVER II	N U.S. ARMED		21122	C ORIGIN? (Specify Yes		ed States RACE — American Indian,
B	1 Never Married 2 Married 3 X Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify						Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Crane Operator					Bethler		
BE CON	17. FATHER'S NAME (First, Middle, Leet) Austin Livingston 18. Mother's NA Margar							
10	19a. INFORMANT'S NAME (Type/Print) Susan J. Wynecoop)				oute Number, City or Tow ltimore, N		
	20a. METHOD OF DISPOSITION DO Burtal 2 Cremation 3 Remo Donation 5 Other (Specify)	val from State	D. PLACE AND DATE OF			92 Gle		or Town, State nie, A.A., MD
	21. SIGNATURE OF FUNETIAL SERVICE LICE	INSEE				ck Funeral		rnie, MD 21061
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory erreat, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL CE	PART II. Other aignificent conditions	contributing to deeth b	out not resulting in	the underlying	ceuse given in F	Part I, 24a. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:			ACE OF DEATN (Chec	ck only one)		
KSI	1 TES 2 NO	1 Inpetient 2 ER/Outs	patient 3 DOA 4		5 Residence 6			
27. MANNER OF DEATN 28a. OATE OF INJURY 1 Netural 5 Pending Investigation 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO								IED
								Rural Route Number,
COMPLETED		CIAN: To the best of my known: 1: On the basis of axamination						suse(a) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Forbat	40.		29c. LICENSE NUMBER		29d, DATE 9	GNED (Month, Day, Year)
	MAYER GORBATY, M.	D./95 AQUAH	HART ROAD	, SUITE	203/GLEN	BURNIE,	MARYLA	ND 21061
	FEB 201992	32. REGISTRAB'S SIGN	IATURE PANDLE					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CEF		ICATE OF		WENT	REG. NO)		
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DAT	E OF DEATH			3. TIME OF DEATH
	MELVIN				LYLE		0.2		18	1992	7:15 P.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bi	rthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	-	OF BIRTH	10		PLACE (State or Foreign
	220-05-345%	13€ M 2 □ F	7.5	YRS.	MONTHS DAYS	HOURS MIN.	(Mon	th, Day, Year)		Country	y)
	9a. FACILITY NAME (If not institution, give stre	not and number	.0		at ours rough	OR LOCATION OF		2-16-	-	V	14
OR	1713 E.35th STI				BALTIM		TY		9c. COL	UNTY OF D	EATH
5	RESIDENCE OF DECEDENT										
1713 E.35th STREET RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						TION					10d. INSIDE CITY LIMITS?
						10.				YES 2 NO	
FUNERAL	17/3 E 35	2			10	f. ZIP CODE			10g. CI1	TIZEN OF W	HAT COUNTRY?
Ü	17/36.35	57				216	2/8	,	1	1.6	
5	11. MARITAL STATUS		T EVER IN U.S. ARME	D		ENDENT OF HIS			a or No-	14. RACE	American Indian, , White, atc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE Y				s 2 NO Spe	ican, Puarto ic/fy:	Hican, atc.)		Specia	(; write, arc. (y:
8	15. DECEDENT'S EDUC	ATION	16a. DECE	OENT'S	USUAL OCCUPATI	ON	16	b. KIND OF BU	JSINESS/IN	DUSTRY	7.00
COMPLETED	(Specify only highest grade c	College (1-4 or 5	(Give	kind of	work done during me se retired.)	ost of working					
집		Conege (I-4 or 5	1/4	hal	- ReTin	red		-			
8	17. FATHER'S NAME (First, Middle, Last)		UII	00.	,,0,,,,	18. MOTHER'S	NAME (C)	10.00			
	The Re	20-1							n Sumame)	11 -	
BE	145011	-24					ren		Ly	10	
9	19a. INFORMANT'S NAME (Type/Print)	lae.	19b. A	AILING	ADDRESS (Street	and Number or Rur	al Route Num	nber, City or To	wn, State, Zi	ip Code)	21218
	20a, METHOD OF DISPOSITION	70	20b. PLACE AND	DATE	OF DISPOSITION (N	ame of	OA.	TE 20c II	OCATION -	- City or To	wn State
	1 Burial 2 Cremation 3 Ramon	ral from State	cemetery, crema			arent	2	100	13.00	- a	2.11 - ma -1
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Uni	4	22. NAME A	NO ADDRESS OF	FACILITY	5100	77119	3111	11184161
	12. H	1	-1				0				
		NA/	Home		1/2	29N1	CA.	20/1	no	59	
	23. PART I. Enter the disesses, or co shock, or heart fellure. Li	mplicetions the	t coused the deeth	n. Do	not enter the mo	de of dying, s	uch as ce	rdlec or reep	olratory si	rrest,	Approximete
	IMMEDIATE CAUSE (Finel	at only one ceu									Onset and Death
ł	disesse or condition	AKTER	MOVITERU	MIL	CARS	201MSC	JILIA-	2 0	18 A	195	
disease or condition											
z											
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate	DUE TO	(OR AS A CONSEQUE	NCE O	F):				_		
3	cause. Enter UNDERLYING :										
Ī.	CAUSE (Diseese or Injury that Initiated eventa	DUE TO	(OR AS A CONSEQUE	NCE O	F):						
F	resulting in death) LAST										
2											
DICAL	PART II. Other significent conditions			ulting	In the underlyin	g cause given	in Part I.	24a. WAS AF	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2	SEIZURE	41.0	14/3/					1 TYES			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ė.	ALCOHOL	1800						1	X		OF DEATH?
-									, ,		1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL		*		28 Pi	ACE OF OEATH	Chaok anti-				
PHYSICIAN: MEI		HOSPITAL:	7 mm		OTHER:						
¥	27. MANMER OF DEATH	28a. DATE OF	ER/Outpetient 3		4 Nursing Hon	Α	7				
	1 Natural 5 Pending	(Month, D		86. TIM	URY WO	PRK?	28d. OE	SCRIBE HOW	INJURY OC	CUREO	
B⊀	2 Accident Investigation	***************************************				YES 2 NO	-				
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E	- I Homeon Optarismed										
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of	my knowledge, death	occum	ed at the time, date	and place, and d	us to the ca	use(s) and ma	nner aa sta	rted.	
2											and manner as stated
3 Suicide 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
8	11.	WIL.	()	1		29c. LICENSE N					(Month, Day, Year)
2	m +	3000	A M	1		O.C.M.	E.		P ()	2-19	-1992
	JO. NAME AND ADDRESS OF PERSON WHO		SE OFFICEATH OTEM TO								
		BIJR.	W/ 111		ENN STE	REET BA	ALTIN	MORE I	MARY	LAND	21201
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	An handele								
	FEB 2 0 1992	frie ward	Non-Manage								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hi
5	OR

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR HARVEY LAWSON JR. 02 13 92 8:43 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign DAYS HOURS 15 M 2 F 217-30-3288 YRS 23 Marvland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2700 ELSINORE AVENUE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Magyland Baltimore YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Apt. B-3 2700 Elsinor Avenue 21216 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES THOO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. es, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried BY 1 YES 2 NO Specify: 3 Widowed Wind Divorced Specify Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Maintenance 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Harvey L. Lawson, Sr. Allester Chase 19 . INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Gode) 5 21216 Ave #B-3 altimore, Allester Lawson 2700 Elsinor Marvland 20e. METNOD OF DISPOSITION

N. Burlel 2 Cramation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 4 Donation 5 Other (Specify) Auburn Cemetery 2/19/92 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 638 N. Gilmor St. Leroy Harris F/H Baltimore, Md 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, Approximate shock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition CARDIOVASCULAR DISEASE . ARTERIOSCUBLIC resulting in death) DUE TO (OR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa reaulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 - NO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 K Residence a Other (Specify) 2700 ELSINORE AVENUE 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident INJURY 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) ED 6 Could not be 4 Homicide COMPLET 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as stated. ation end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) end menner es stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0 O.C.M.E. 02 -13 - 1992WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GOI 4. 111 PENN STREET BALTIMORE, MARYIAND 21201 32. REGISTRAN'S SIGNATURE
Julia Davidson-Randall

DHMH-16 Rev 1/89

. . .

STATE REGISTRAR

ALBERT

4. SOCIAL SECURITY NUMBER

276-09-8044

FFR 2 0 1992

9a. FACILITY NAME (If not institution, give street and number)

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

1 M 2 F

1

SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should DIRECTOR 1842 Yakona Road Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MD Baltimore Baltimore use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1842 Yakona Road 21234 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAY OR DATES 1 Never Married 2 Marrie If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced WW COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondary (0-12) Coflege (1-4 or 5+) Typewriter Salesman page 5 should be detached for 12 years 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harry Raymond Lanigan notified at Mollie Weil 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Florence E. Lanigan 1842 Yakona Road Baltimore, MD Pe 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must Moreland Mem. Park examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home baw 2 8521 Loch Raven Blvd medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. 0 IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disease or condition recuiting in death) traumatic event, ios cles CERTIFICATION Sequantially liet conditione, DUE TO (OR AS A CONSEQUENCE OF) signed by the attending physician a Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST injury. PART II. Other significent conditions contributing to death but not recuiting in the underlying ceuse given in Pert I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMEO? shows any 1 TES 2 NO has been s Dept. of H 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h ltem! HOSPITAL:
1 | Impatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 Residence 8 - Other (Specify) 6 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending м BY 1 YES 2 NO After 1 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 69 ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be HINERAL DIRECTOR: 4 Nomicide 28 determined Item 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. COMPL IMPORTANT. If 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as atteted. 296 SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER Perin D07029 MI 2 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Joseph L. Pira 1004 Kirkcolm Road Baltimore, MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

Feb.

7. DATE OF BIRTH (Month, Day, Year)

LANIGAN

6. AGE (in yrs. lest birthday)

84

REG. NO. 2. DATE OF DEATH 3. TIME OF CEATH YEAR 17 1992 12:50 A.M 8. BIRTHPLACE (State or Foreign Country) October 12 1907 Pennsylvania 9c. COUNTY OF CEATN Baltimore 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Block, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Apple & Cook 21234 20c. LOCATION - City or Town, State Parkville, MD Balto., MD Approximata interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

OHMH-16 Rev 1/89

29d. OATE SIGNEO (Month, Day, Year)

2-17-92

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital, or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected for use as the burial-transit permit. Pages 1, 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AN	D MENTAL HYGIENE		
1. DECEDENT'S NAME (First, Middle, Last) FRANCES	LAMBERT			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER				02 15	1992	1:05 P M
220 24 0074 98. FACILITY NAME (# not institution, give	1 D M 2 D F 8	6 YRS.	UNDER 1 YEAR IF UNDER 24 HR NTHS DAYS HOURS MIN	1-4-1906	Count	
THE JOHNS HO			BALITMORE	CITY	BALITMO	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT						
MARYLAND 10e. STREET AND NUMBER	NA NA		SALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
226 N. SPRING S	TDEET		101. ZIP CODE 21231		18g. CITIZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS OECENDENT OF HIS	SPANIC ORIGIN? (Specify Year	or No.— 14. RACI	E — American Indian,
1 Never Married 2 Married 3 Wildowed 4 Olvorced	FORCES? 1 YES		If yes, specify Cuban, Ma 1 YES 2 NO Sp		Speci	k, Whita, etc.
15. DECEDENT'S EDL (Specify only highest gradt Elamentery/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most of working tired.)	16b. KIND OF BUSH	NESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	NAME (First, Middle, Maiden St	umeme)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Ru	ral Route Number, City or Town,	State, Zip Code)	
20a. METHOD OF DISPOSITION 1	noval from State	PLACE AND DATE OF D etery, crematory or other		OATE 20c. LOCA	ATION — City or To	wn, State
SL SEGNATURE OF FUNERAL SERVICE U	RONALD WA	DE, DIR 2/19/92	22. NAME AND ADDRESS OF	STATE	ANATOMY	BOARD
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	COMSEQUENCE OF	rathy	such as cardiac or reapire	itory arrest,	Approximate Interval Between Onset and Death
PART II. Other eignificent condition Mulli infar	a contributing to death be	ut not resulting in the	ne underlying ceuse given	In Part I. 24e. WAS AN AI PERFORM 1 ☐ YES 2 #	ED?	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only one)		
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 (inpatient 2 DER/Outp.) 28a. OATE OF INJURY (Month, Day, Year)		Nursing Home 5 Resident	28d. DESCRIBE HOW INJ	URY OCCUREO	
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, stree	t, factory, office	28f. LOCATION (Street and City or Town, State)	d Number or Rural R	Oute Number,
			the time, date and place, and or my opinion, death occured at) end manner as stated.
29b. SYMATURE AND TITLE OF CERTIFIED	Repolent	2+ year	29c. LICENSE I	NUMBER	Pad. DATE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHAT REPORTED TO THE PERSON WHAT PERSON WHEN PE	O COMPLETED CAUSE OF DEA		uer 110 Ja	5Hay Hople	us Ho	20.
31. OATEFEEBOOD OF 1992	32. REGISTRAR'S SIGNI FUMA JAMADON		St. Andrews			/

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TO THE PUREMAL DIRECTOR: After this certificate be an equires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-bansit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

F	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	OCCEDIENT'S NAME (First, Middle, Leat) ELSE E. MCBRIDE 2. DATE OF DEATH DAY YEAR 920 A									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthdey) 1 UM 2 VF 5. YRS. 6. AGE (in yrs. lest birthdey) 1 UMDER 1 YEAR 1. UNDER 1 YEAR 1. DATE OF BIRTH (Month, Day, Year) 22.4.35 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 22.4.35									
HO.	Pa. FACILITY NAME (If not institution, give street and number) 4600 Pin 1100 Road Batto									
5	RESIDENCE OF DECEDENT 100, STATE 100, COUNTY 100, CITY, TOWN OR LOCATION 100, INSIDE CITY									
DIRECTOR	Md Balto LIMITS? 1/2 YES 2 NO									
FUNERAL	100. STREET AND NUMBER 4660 Pimlico Road 101. ZIP CODE 2,215 109. CITIZEN, OF WHAT COUNTRY?									
BY FUI	11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)									
LETED	15. DECEDENT'S EQUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY									
COMPLET	17. FADHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)									
R	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town, State, Zio Code)									
2	Michelle Mc Bride 4660 Pimlico Road Baltonel 2121									
	20b. PLACE AND DATE OF DISPOSITION Burlei 2 Cremetion 3 Removel from State Donetion 5 Other (Specify) Date									
	Hard March 4300 wabash Ave									
	23. PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition reculting in death) a. METASTATIC SQUAMOUS CELL CA (MOUT IT)									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
ERTIF	that initiated events resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMENT ANALABLE PRIOR TO									
IEDICAL	PERFORMED? AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO									
M										
IA I	IS, WAS CASE REFERRED TO MEDICAL SALPLACE OF DEATH (Check only sine)									
Sign	EXAMINERT 1 YES 2 10 There OTHER: 1 There Th									
BY PHYSICIAN:	77. MARMER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28s. TIME OF NAURY NAURY 1 Panding Investigation M T YES 2 NO 100									
0	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 2st. LOCATION (Street and Number or Rural Route Number of Rural Route Number or Rural Route Numbe									
COMPLET	The CERTIFIER (Check only one) SEPTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, state and place, and due to the cause(s) and manner as stated. SEDICAL EXAMPLE: On the treats of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
TO BE	► 2/17/92									
	ADEGBITE, M. SINAI HOSPITAL, BALT. MD.									
	11. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
	FEB 2 0 1992 Subject Trider Randelle									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
and the second s	ched for use as the burial-tra		
o may be retained by the in	ctor, page 5 should be deta		If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be motified at once
200000000000000000000000000000000000000	y filled in by the funeral dire	tion, or removal.	the medical examiner r
	ing physician and completely	giene prior to burial, crema	other traumatic event.
	been signed by the attend	pt. of Health and Mental Hy	3 shows any injury, or
	R: After this certificate has	er death with the State Deg	is marked, or item 23
	HAL DIRECTOL	hours aft	f. III Item 28

						92	04674
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E	
	1. DECEOENT'S NAME (First, Middle, Last) MARIENE	5 mccou			2. DATE OF DEATH	7 93	3. TIME OF DEATH
	216-36-9234	5. SEX 6. AG		IF UNDER 1 YEAR IF UNDER 24 HRS. IONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	3 7 8. BIFT	THPLACE (State or Foreign Miry)
TOR	RESIDENCE OF DECEDENT	echen 140	spice	Scelt, md	DEATH	BC/COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNT	rv /	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	3403 Cle	dardale L	Road	101. ZIP CODE 2/2/5		10g. CITIZEN OF	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 10	13. WAS DECENDENT OF HISPA It yes, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerto Rican, etc.)	Blac	CE — American Indian, ock, White, atc.
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during most of working	16b. KIND OF BUSI	1 1	me Hospital
E COMPL	17. FATHER'S NAME (First, Middle, Last)	10 Cou	4	16. MOTHER'S N	AME (First, Middle, Meiden S	110.	me mospiled
TO B	198. INFORMANT'S NAME (Typo/Print)	rse	196. MAILING AT 3403	Cldardale	Route Number, City or Town. Road	State, ZID Code)	Md 21215
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from Stata	b. PLATE NODATE OF meter, watery or othe		W2-229 Xa	ndalls	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	Marci	6	122. NAME AND ADDRESS OF F	H West	16 Au	e
	23. PART I. Enter the diseeses, or shock, or heert failure. IMMEDIATE CAUSE (Finel diseese or condition resulting in death)	complications that cause List only one ceuse on	ed the deeth. Do not eech line.	t enter the mode of dying, suc	ch as esrdiac or reapir	etory srreat,	Approximeta Interval Between Onset and Death
NO	Sequentially list conditions,	· Resp	A CONSEQUENCE OF): A CONSEQUENCE OF):	. Arrest			minutes
CERTIFICATION	If sny, lesding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events	· Mat	as das (S	Broin			Zonos.
	resulting in desth) LAST	0.	noma	Broast			Zyvs
EDICAL	PART II. Other significant condition	ns contributing to deeth	but not resulting in	the underlying cause given in	Part I. 24a. WAS AN A PERFORM	NEO?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	25. WAS CASE REFERRED TO MEDICAL						1 TYES 2 NO
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		28. PLACE OF OEATH (C) OTHER: Nursing Home 5 Rasidence		Hospie	7 0
ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW IN	AUNY OCCUMED	
0	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, atc. (Spe	Y — At home, term, atre	et, factory, offica	26t. LOCATION (Street an City or Town, State)	d Number or Rurel	Route Number,
1 5 1							
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ICIAN: To the beat of my know	wiedge, death occurred a on and/or investigation,	at the time, data and place, and dur in my opinion, death occured at the	to the cause(s) and menn time, data and place, and	er as atated. due to the cause(a) and manner as stated.
TO BE COMPLETE	(Check only 1 TY CERTIFYING PHYS ONe) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basia of exemination	an and/or investigation,	in my opinion, death occured at the	time, data and place, and	dus to the cause(a) and manner as stated. D (Month, Day, Year)
	(Check only one) 2 MEDICAL EXAMINE	ER: On the basia of exemination	EATH (IXEM 2) (Type, Pr	in my opinion, death occured at the	time, data and place, and	dus to the cause(

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BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. It is should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. The State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
REGISTRAN	CERTIFICATE OF DEATH	REG. NO.
1. OECEOENT'S NAME (First, Middle, Last)	2. DATE	OF DEATH

	REGISTRAN		CER	1111	CALE	UF	DEA	173		REG. NO			
	1. OECEOENT'S NAME (First, Middle, Last)		3400						MONTH		AY	YEAR	3. TIME OF DEATH
	DORSEY 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birth		IF UNDER 1	VEAD				RUARY	14,	1992	7.00
	219-30-0583	1 M 2 - F	gent 1 -			DAYS	IF UNDER HOURS	MIN.		DE BIRTH Day, Year) -7 - 3	6	8. BIRTH Countr	MAGE (State or Foreign
œ	9e. FACILITY NAME (If not institution, give str				9b. CITY, 1				HTA	,	9c. COL	INTY OF O	EATH
OT:	MARYLAND GENERAL	HOSPITA	L		BAL	TIM	ORE	CITY			BAL	TIMO	RE CITY
DIRECTOR	10a. STATE 10b. COUNTY		100	c. CITY	TOWN OR		1		0.	1.			10d. INSIDE CITY
	10a, STREET AND NUMBER		134	_	mo		Cil	Y			1 YES 2 NO		
FUNERAL	501 Dolphii						2/2		,	•		S/	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEOENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMEO YES 2 NO R OR OATES		117	yes, sp	ENOENT O	n, Mexicar	n, Puerto R	(Specify Yes lean, etc.)	or No—	14. RACE Black Speci	— American Indian, t, White, etc.
COMPLETED	15. OECEOENT'S EOUCJ (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	Hin Do A	nd of we	R(V-	ring mo	ON sl of workin	g	16b.	KINO OF BUS	SINESS/IN	OUSTRY	
<u>Ş</u>	17. FATHER'S NAME (First, Middle, Last)		11	7	/Cr-		18. MOTH	IER'S NAM	AE (First, M	iddle, Malden	Surname)		
BE (N Mou	1 clex				Lill	IAM	(K	Mo	uld	len	
2	190, INFORMANT'S NAME (Type/Print) LINCAY E. DOR	15 × X	196. MAI	S	ubei	Street o	Rdi	DA/7	oute Numb	or, City or Tow	n, State, Zi 207	p Code)	
	20c METHOO OF OISPOSITION 1 & Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	ral from State	20b. PLACE AND O comptery, cremator	ATE OF	F DISPOSIT er place)	ION (Na	me of		OATE 2/19	20c, LO	cation -	City or To	wn, Slate
	21. SIGNATURE OF FUNERAL SERVICE LICE LUME Bro				22. N/	AME AN	O ACORES	ROW.	ILITY	BOMMO	WIT	Ty 1	E/H-
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted avents resulting in death) LAST Carcinoma of the Liver OUE TO (OR AS A CONSEQUENCE OF): Chronic Obstructive Pulmonary Disease OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
SE	d.												
MEDICAL	PART II. Other algnificant conditions	ing in	the unde	erlying	cauaa g	ivan In F		24e. WAS AN PERFOR 1 YES 2	MEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO		
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												
2	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 DC		OTHER:				ok only one				
THA I	27. MANNER OF OEATH 1. Natural 5 Pending	28e. OATE OF IN (Month, Oay,	JURY 28b.	TIME INJU	RY	Bc. INJU	RY AT			(Specify)	LIURY OC	CUREO	
בים מ	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28s. PLACE OF building, et	INJURY — Al home, fa c. (Specify)	ırm, str					281. LOCA City or	TION (Street a Town, State)	nd Number	or Rural R	oute Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICI/	AN: To the best of m	y knowledge, daath oo	curred	at the time	, date o	end place,	end due to	o the caus	e(s) and man	ner ee stat	led.	and manner as stated.
2	296. SIGNATURE AND TITLE OF CERTIFIER E' Righah, MO		1	U	_		294. LJCE/						(Month, Day, Warr)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF DEATH/(ITEM 27) (Spd. P	(vivi)							_	
	31. OATE FILEO (Month, Day, Year)	32. REGISTRAR	S SIGNATURE			-				-			

Item 23 Part I,27,28a,b,c,d,e,f per MEO G-685 3/2/92 gn

92 04676

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEP/ CERTI	ARTMEN IFICAT				MENTA	AL HYGIEN REG. NO.	_	. 0	7070
	1. DECEDENT'S NAME (First, Middle, Las Dennis	M.		Mo	ossma	an		2. DATE MONT	E OF DEATH	19		7:09 a m
	4. SOCIAL SECURITY NUMBER 217 72 5980	5. SEX 8.	8. AGE (In yrs. last birthda 34 YRS	MONTHS	DAYS	IF UNDER 2	24 HRS. MIN.	7. DATE	E OF BIRTH (1th, Day, Year)	8.	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give		J*1 1no.		Y TOWN (OR LOCATIO	OM OF D		4/1958	9c. COUNTY		yland
NG.	3300 REMLEY					IMOR		DATH		111	TOFDEA	
5	RESIDENCE OF DECEDENT			CITY, TOWN								
DIRECTOR				arv, rown Baltin		ION						Od. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			/		f. ZIP CDDE	<u> </u>			10g. CITIZE		YES 2 NO
FUNERAL	3909 Fairhaven	n Avenue A	pt. 1			212	.26			U.S	.A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT E	EVER IN U.S. ARMED YES 2 ND		If yes, spe		F HISPAN	en, Puerto	IN? (Specify Yea Rican, etc.)	or No- 14	Specify:	American Indian, White, atc.
COMPLETED	15. DECEDENT'S EI (Specify only highest gre Elementary/Secondary (0-12) 8th Grade	EDUCATION rade completed) College (1-4 or 5+)	16a. DECEDENT (Give kind of the Do NOT Welde	of work done T use retired.)	during mos	ON ast of working	g	161	Suttor	siness/indus		
BE CON		Virgil A.]	Eve1	lyn		oland		
T0	190. INFORMANT'S NAME (Type/Print) EVELYN M. MOSSM	nan	390	09 Fai	irhav	ven A		ue A	-	Balto.	, Md	21226
	20a, METHOD OF DISPOSITION 1 □ Burlal 2 ☑ Cremation 3 □ Ra 4 □ Donation 5 □ Other (Specify)	amoval from State	20b. PLACE AND DAT cemetery, cremetory o Metro Cr	or other place	SITION (Na	me of		2-	20 Balt	cation - cm		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	TROID CL	22.	HAME AN	MD ADDRESS	GOY	nce	Funeral Balt:	1 Home	P.A	١.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Acute narcotic intoxication Due to (DR As A consequence of): Due to (DR As A consequence of): Due to (OR As A consequence of):											
ER	resulting In death) LAST	_ d										
MEDICAL	PART II. Other significent condition	ath but not resulting	g in the ur	nderlying) ceuse gl	iven in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 ND	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	B:	ACE OF DE						
PHYSICIAN:	1 € YES 2 □ NO 27. MANNER OF DEATH	1 Inpatient 2 E	ER/Outpetient 3 DOA	4 🗆 Nur	rsing Home	ne 5 🗆 Resi	aldence					IAL LOT
100	1 Natural 5 Pending	26a. DATE OF INJ (Month Day, FOUND 2—1	Year)	INJURY		IURY AT ORK? YES 2 🔽	I ND		SCRIBE HOW IN	HJURY OCCUP	RED	
BY	2 Accident Investigation 3 Suicide 6 Could not b	26e. PLACE OF IN	INJURY — At home, farm	n, street, fact		2.7	-	281, LOC	nown CATION (Street a	and Number or	Rural Rout	te Number,
ETED	4 Homicide determined	annum grand	at industr	ial s	ite			City	or Town, State) O Blk.			
COMPLE		YSICIAN: To the best of my	y knowledge, death occu	urred at the t	time, data			to the ca	suse(s) and man	ner as stated.		
BE C	298 BIGNATURE AND TITLE OF CERTIFI	IER)	r			29c. LICEN	NSE NUR	4BER		29d. DATE S	IGNEO (M	ionth, Day, Year)
0	Myore 10th	Mull	HW				O.C	. M . I	E.	▶ 02	/18/	/1992
	JAME BILED (MONTH, Pay, Your)	WHO COMPLETED CAUSE (111	PENN	STF	REET	В.	ALT	IMORE	, MAR	YLAI	ND 21201
	1 1 0 0 1336	There were do	an-Mentares									

TO BE COMPLETED BY FUNERAL DIRECTOR

the hos	e detach	t once.
THE PITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hose	TO TERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mind in by the funeral director, page 5 should be detach	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
nay be	, page 5	st be n
Page 6	J directo	ner mu
r death.	ne funera	exami
Curs afte	TO THE REPAIL DIRECTOR, After this certificate has been signed by the attending physician and completely miled in by the financial management of the property of the first property of the first property of the first property of the first property of the property of the first property of	medical
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be exec	ician and	гаита
ertificate	ing phys	other
death o	dental H	ury, or
that the	th and h	any inj
requires	een sign	shows
The law	te has t	еш 23
SICIAN:	certifica	1, or It
ING PHY	orth with	татке
ATTEND	ECTOR: A	1 28 Is
TTAL OR	PAL DIRI	If Item
HOP	FRIE	RIANT
B	1	18

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

1. DECEDENT'S NAME (First, Middle, Las	DRED	Mo	DRE	A	N		2. DATE OF DEATH DA	<u> </u>	992	3. TIME OF DEATH 9:05 P
4. SOCIAL SECURITY NUMBER 215 28 9929	5. SEX 6. /	NGE (In yrs. les		IF UNDER 1	AYS HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/10/1905	5	Count	HPLACE (State or Foreign ry) aryland
98. FACILITY NAME (If not institution, gived Maryland Manches of December 1		ome			own or loca n Burn		EATH		nty of t	Arundel
10e. STATE 10b. COUL	NTY			town on timo						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER					10f. ZIP CO	DE		10g. CITI	IZEN OF	WHAT COUNTRY?
8207 Fort Smal	L1wood Road	Apt.	В.		21	226		U.	S.A.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				If y	S DECENDENT es, epecify Cul	en, Mexico	NIC ORIGIN? (Specify Yee on, Puerto Rican, etc.) fy:	or No-	14. RACI Blac Spec	E — American Indian, k, White, etc. iffy: White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIT						king	18b. KIND OF BUS			
17. FATHER'S NAME (First, Middle, Last) 190. INFORMANT'S NAME (Type/Print) Charles Morgan		Jenki 19	b. MAILING A			er or Rural	AME (First, Middle, Maiden Route Number, City or Town 1en Burnie,	n, State, Zip	,	nd 21060
20e. METHOD OF DISPOSITION 1 St Burlel 2 Cremation 3 Red 4 Donetion 5 Other (Specify)	amoval from State	other pi	OF DISPOSIT	TION (Name	of cometery, or	ematory or	20c. LO	CATION —	City or To	
SIGNATURE OF FUNERAL SERVICE	France	our	hi	Ge		. Go	исшту nce Funeral Hwy. Balti			
23. PART I. Enter the diseases, of ahock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR	as a conse	outh. Do no	t antar th	Line	ying, suc	the accordace or reaples when the second	retory an	rest,	Approximate interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	AS A CONSE		N	bron	ms	culo 1	tec	id	nou

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28. PLACE OF DEATH (Check only one) 1 | Inpetient 2 | ER/Outpetient 3 | DOA 5 - Reeldence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the

a.		and due to the decestary and mainler as see
HI NONATURE AND TITLE OF CERTIFIER MUSCle, um	29c. LICENSE NUMBER 029767	29d. DATE SIGNED (Month, Day, Your)
NAME AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	BAA BIVE.	Pasadena

31. DATE FILED (Month, Day, Year)
FEB 2 0 1992

32. REGISTRAR'S SIGNATURE

The same of the same of the same of

use as the burial-transit permit, Pages 1, 2, 3 should

Weong Oh, M.D. 1412 Crain Hwy., N. Sui:

31. DATE FILED MONTH, Day, Ween

FEB 20 1992

32. REGISTRAR'S SIGNATURE

TEB 20 1992

												9	2	01	:67	8
	FOR 1 - STATE REGISTRAR		STATE OF !	MARYLAND /			OF HE			MENTAL	HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (F	First, Middle, Last)		OI.	-111111	IOAIL	- 01 1	JEA:	-	2. DATE O	F DEATH	_		3. TIM	E OF DEATI	1
	Levin M	cClain								Feb.	20,	199	YEAR			М
	4. SOCIAL SECURITY NO	JMBER	5. SEX	8. AGE (In yrs. les	it birthday)	IF UNDER		IF UNDER		7 DATE OF	BIRTH				(State or For	eign
	213-01-8	962	1 ₩ M 2 □ F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug.	7, Year) 1	909		ÿla	nd	
	90. FACILITY NAME (# no					9b. CITY	, TOWN OR	LOCATIO	ON OF DE	ATH		9c. COU	NTY OF E	DEATH		
O. H.	North Ar	undel H	ospital A	Ass'n.		Gle	en Bu	rnie	€			Ann	e Ar	und	el	
5	RESIDENCE OF D	10b. COUNT			100 017	v TOWAL	OR LOCATIO	DAL						104 1	ISIOE CITY	
DIRECTOR	Maryland		e Arundei			mda.		J. (L	IMITS? YES 2	NO.
	10e. STREET AND NUME		c Atulae.	<u> </u>	Te	LIIQa.		ZIP CODI			_	10g. CIT	IZEN OF		OUNTRY?	
FUNERAL	324 Broad		vd.					210	61			Unit	ted	Sta	tac	
N	11. MARITAL STATUS			IT EVER IN U.S. AF				NDENT C	F HISPAN	VIC ORIGIN?			14. RAC	E — Am	ericen Indie	n,
	1 Never Married 2			VES 2 1	NO		If yes, spec			n, Puerto Ric y:	can, etc.)		Spe	ck, White		
BY	3X Widowed 4 □	Divorced												1	White	
COMPLETED		DECEDENT'S EDL only highest grade		(G		work done	during most		ng	16b. I	CIND OF BU	SINESS/IN	DUSTRY			
Ä	Elementary/Seconder	ry (0-12)	College (1-4 or 5	+)												
g E	17. FATHER'S NAME (First	t Middle Leet)			arpe	icer		18 MOT	HER'S NA	ME (First, Mi	uildi			_		
	Levin Mc									a Koh		Corrainey				
	19e. INFORMANT'S NAM	IE (Type/Print)		19	b. MAILING	ADORES	S (Street en			Route Numbe		n, State, Zi	p Code)			
TO BE	James Th	iess			97 E	Im A	ле.,	Gler	n Bui	mie,	Mary	land	210	61		
must be	209, METHOD OF DISPO	SITION	and the second	20b. PLACE other p	OF OISPO	SITION (M	eme of cem	etery, crer	metory or		20c. LC	CATION -	Cify or T	Town, St	rte	
	4 Donation 5 0	ther (Specify)	10VIII ITOMI STIETE	Mead	owri	ige 1	vem.	Pk.	2/2	1/92				How	ard, 1	MD
ехашиес	21. SIGNATURE OF FULL	ERAL REVIVICE L	CHARGE			22 F	NAME AND	O ADDRE	SS OF FA	ick F	mera	1 Hor	me			
Lexa.	1/9	Ne W	Lele							y., S				ie.	MD 2	1061
	23. PART I. Enter th					_									Approxim	ate
medical	ahock, o		List Only one ca	use on aach iin	a.										intarvai Ba Onset and	
2	disease or condition		Me	O CALAT	2	Tack	Buch	zor								
event,	reaulting in death)	,	DUE 2	OR AS A CONSE	OUENCE	OF):	-									
			a My	OR AS A CONSE	2 6	Tra	5			_						
traumatic ATION	Sequentially list con if eny, leeding to im	mediete	DUE/TO	OR AS A CONSE	OUENCE	DF):										
E S	cause. Entar UNDEI CAUSE (Disease or	Injury	c. [//	CUM	me-									-		
or other traumatic	that initiated events resulting in death)		0	To be Do	OUENCE	or).								j		
CER 9			d	arrive.												
-	PART II. Other sign	ificent condition	na contributing t	o death but not	resulting	In the u	inderlying	ceuse	given in	Part i.	24a. WAS AF PERFO		24	AMAIL	AUTOPSY F	TO
EDICAL	-										1 TYES	2 X NO			PLETION OF	CAUSE
ME														1 🗆	YES 2	NO
23 SA																
SICIAN:	25. WAS CASE REFERRI		HOSPITAL:			OTHE		ACE OF	DEATH (C	heck only one)					
HYSI	1 TES 2 NO		1	☐ ER/Outpetient		4 🗆 Nu	rrsing Home		tesidence	6 Other						
marked, BY PH	27. MANNER OF DEATH	Pending	28a. DATE C	Day, Year)	28b. TI	JURY M		PK?	□ NO	28d. OES	CRIBE HOW	INJURY O	CCUMED			
	2 Accident	investigation	28a PLACE	OF INJURY — At h	ome ferm	street fo				287 1.004	TION (Street	and Numb	er or Burn	il Route A	lumber	
28 Is TED	3 Suicide	Could not be determined		, etc. (Specify)	rome, rum	,	ctory, critical				r Town, State					
PLET	290. CERTIFIER	OFFITTING BUY	DICIAN, To the head	d on to side dit.	da-sh assu		Alma data	and also			an(a) and -					
ANT: If Item 2	(Check only		SICIAN: To the best IER: On the basic of											e(e) and	manner as	stated.
N S	29b. SIGNATURE AND 1		-	1 /		,,	1		CENSE NU		- French A	_			h, Day, Ybar)	
IMPORTANT: II	250. SIGNATURE AND	THE OF GENTIFE	6	17/10				1	25	600	1				, 199	
≥ P	30, NAME AND ADDRES	S OF PERSON W	HO COMPLETED &	USE OF DEATH OT	EN 27) (7/4	o Print)		1/	43	U>7			- CD	. 20	1 13	14

DHMH-16 Rev 1/89

N. Suite 6-A Glen Burnie, MD 21061

	Shu
	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mus
the erich ocasis with the Orace Copy. Of the months highered prior to Daries, creminators, or removal.	nedical
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DE HIGH WILLIAM 12 INDI	TANI
Dell	4POR
5	丢

REGISTRAR		CEF	RTIFICAT	E OF	DEAT	H	REG. I			
1. DECEDENT'S NAME (First, Middle, Las		ames MCGL	YNN				2. DATE OF DEATH MONTH 2	14	92"	7:00 A
4. SOCIAL SECURITY NUMBER 2/2-30-344	5. SEX	8. AGE (In yrs. last bit	rthday) IF UNDE	DAYS	IF UNDER 2	4 HRS.	7. DATE OF BIRTH (Month, Day, Year 12 - 27	-32	8. BIRTHPL Country) RAL	ACE (State or Foreign
98. FACILITY NAME (II not institution, give FRANKLIN S RESIDENCE OF DECEDENT	GUARE	Hosp.	9b. CIT	LOSE	DAL	F OF DE	ATH		imore	
10a. STATE 10b. COUNTY MARYLAND BA	HTIMER	E CO.	PAR	OR LOCAT	TION WE				370	d. INSIDE CITY LIMITS?
3610 DOU!	BLE 1	ROCK 1	A.	10	ZIP CODE	23	4	10g. CITIZ	EN OF WHA	A COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Narried 3 Nidowed 4 Divorced	FORCES?	NT EVER IN U.S. ARME 1 YES 2 PNO WAR OR DATES	0 13	If yes, sp	ENDENT OF ecify Cubea, 2 NO	Mexicen	C ORIGIN? (Specify , Puerto Rican, etc.)	Yes or No-	14. RACE — Black, V Specify:	American Indian; (hite, etc.)
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5	(GIVe)	DENT'S USUAL kind of work done NOT use retired.	during me	ON at of working		16b. KIND OF	BUSINESS/IND	JSTRY	
17. FATHER'S NAME (First, Middle Last)	McG	LYNN	SR.		18. MOTHE	EL C	E (First, Middle, Mek	den Surneme)	VEK	274
19a. INFORMANT'S NAME (Type/Print)	RECOIL	2DS 196, N	SAM!	S (Street o	nd Number of	r Rural A	oute Number, City or ABOV	Town, State, Zip	Code)	
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND cernatery, cremet	ary of other place	1 _	CHIN	2	0ATE 20c.	LOCATION - C	ity or Town	State P15 C17
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE L	Fair		NAME AN	ADDRESS	THE PARTY	NETRAL	- CH	APE	PARKUL
23. PART / Entar his disease of shork, or heart failure immediate Cause (Final disease or condition	s. List only one car	nt caused the deeth use on each line.			de of dying	g, such	ea cardiac or re	spiratory arre	est,	Approximats Interval Batwee Onset and Dea
resulting in death)	Small	cell card	NCE OF):							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSEQUE								
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUE	NCE OF):							
PART II. Other significant condition	ons contributing to	daath but not real	viting in the v	nderiying) cause giv	ven in P	PERI	AN AUTOPSY FORMED?	OF	RE AUTOPSY FINDING MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
									11	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				20 0	ACE OF DEA	TH COL	t onto one			

1 Netural

2 Accident

3 Suicide

4 🔲 Homicide

BE COMPLETED BY

2

1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER 14 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the 2 MEDICAL EXAMINER: On the beele of ex

TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

John Sweeney

9000 Franklin Sq. Dr., Balto., MD MD 21237

12 REGISTRAR'S SIGNATURE

1997 Gulie Savidson-Rondall

DHMH-18 Rev 1/89

noes 1, 2, 3 should

				CAIL	OF	DEA	IH	2 0	REG. N	0.	_	3. TIME OF DEATH
Mary B. Mee	k									5/92	YEAR	6:00/
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDE	-	7. D/	TE OF BIRTH		8. BIRTI	HPLACE (State or Foreig
104-26-1752	1 0 M 2 7 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.		11/7/	01	New	"York
De. FACILITY NAME (If not institution, give	street and number)				TOWN OR						NTY OF D	
Stella Maris				low	vson	, 1	ary	la	nd	Be	alti	more
On. STATE 10b. COUNT	Υ			, TOWN O		ON						10d. INSIDE CITY
Maryland Oo. STREET AND NUMBER			Ra	ltim								1 TES 2 NO
6111 Belinham Ro	d.				107.	212	_			10g. CIT	US	WHAT COUNTRY?
1. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. AR	MED	13. W	MAS DECE	NDENT (OF HISPAN	HC DR	IGIN? (Specify)	es or No-	14. RACI	E — American Indian
Never Married 2 Merried	IF YES, GIVE Y	WAR OR DATES	10		YES 2				rto Ricen, etc.)		Speci	k, White, etc.
15. DECEDENT'S EDIT	CATION	16a, DE	CEDENT'S	USUAL OC	CUPATION	,		-	16b. KIND OF B	ttelatece //au	DISCERNA	" White
(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5	(Gi	ve kind of w Do NOT us	ork done di e retired.)	luring most	of worki	ng		100. KIND OF B	USINC33/IN	DUSTRY	
12 Years			Home	make	r				Hon	ne		
7. FATHER'S NAME (First, Middle, Last)	con					18. MOT	HER'S NAI		st, Middle, Meide			
Dennis H. Ander:	SOII	101	MARING	ADDDESC	(0)	4.81			ridget lumber, City or R			
Alice A. Lilly			5111						imber, City or R imore,		2121	0
0e, METHOD OF DISPOSITION X Burlel 2 Cremetion 3 X Rem		20b. PLACEA	NDDATEO	F DISPOSIT	TION (Name	e of		_		OCATION -		
☐ Donetion 5 ☐ Other (Specify)	-	NEW (average or of	ry C	emete	ery	2	2/19				City, N.
SIGNATURE OF FUNERAL SERVICE LIC	Server .	12 S.	_	22. N	MAME AND	LCHE	SS OF FAC	Vie	defeld	Home.	Inc	
	rnside, d		3		650	00	/ork	Rd	. Balt	imore	, Md	. 21212
lisease pr condition ————————————————————————————————————		ioscle			ardi	0~1	asc	ul	ar Di	sease	•	
Sequentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disesse or Injury hat initiated events	DUE TO DUE TO	IOSCIEI (DR AS A CONSED (OR AS A CONSED	VENCE OF):	ardi	0~\	asc	ul	ar Dis	sease	2	
Sequentially liet conditions, f sny, leading to immediate suse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO DUE TO DUE TO	(DR AS A CONSED	UENCE OF):):					24a. WAS A	N AUTOPSY PRMED?		WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAU
Sequentially list conditions, and, leading to immediate suse. Enter UNDERLYING CAUSE (Disesse or injury hat initiated events esuiting in deeth) LAST	DUE TO DUE TO DUE TO	(DR AS A CONSED	UENCE OF):):					24a. WAS A	N AUTOPSY PRMED?		Onset and D
Sequentially liet conditions, and, leading to immediate suse. Enter UNDERLYING AUSE (Disesse or Injury hat initiated events esuiting in deeth) LAST	DUE TO DUE TO DUE TO	(DR AS A CONSED	UENCE OF):):					24a. WAS A	N AUTOPSY PRMED?		WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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Sequentially list conditions, if any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in deeth) LAST	DUE TO b. DUE TO c. DUE TO d	(DR AS A CONSED (OR AS A CONSED (DR AS A CONSED death but not re	UENCE OF UENCE OF DOA 286. TIME	others	26. PLAC:	CE OF D	given in i	Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY PRMED? 2 NO	24b.	WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Sequentially liet conditions, and, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in deeth) LAST PART II. Other significent condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YND MANNER OF DEATH 1 Netural 5 Pending	DUE TO DUE TO DUE TO C. DUE TO d. HOSPITAL: 1 Inpatient 2	(DR AS A CONSED (OR AS A CONSED (DR AS A CONSED death but not re	UENCE OF	others	derlying of	CE OF D	EATH (Che	Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY PRMED? 2 NO	24b.	WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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Sequentially liet conditions, a sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury that initiated events esuiting in deeth) LAST PART II. Other significent condition WART II. Other significent condi	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONSED (OR AS A CONSED (DR AS A CONSED death but not re ER/Outpetient 3 INJURY PS, Year) FINJURY — At honetc. (Specify)	UENCE OF UENCE OF UENCE OF DOA 28b. Time INJU	OTHER: 4 (Anural OF RRY M 2	26. PLAC : :ing Home 28c. INJUR 1 — YE: ry, office	CCE OF D 5 □ Re RY AT 77 \$ 2 □	EATH (Che	Part I.	24a. WAS A PERFC 1 YES one) ther (Specify) DESCRIBE HOW OCATION (Street)	N AUTOPSY DRMED? 2 NO INJURY OCI	24b.	WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
Sequentially list conditions, a sry, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury hat Initiated events esuiting in deeth) LAST PART II. Other significent condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YND MANNER DF DEATH 1X Natural 1 YES 2 YND MANNER DF DEATH 13 Suicide 6 Could not be determined 14 Homicide Check only CERTIFYING PHYSK	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONSED (OR AS A CONSED (DR AS A CONSED death but npt re ER/Outpetlent 3 INJURY 99, Year) F INJURY — At honetc. (Specify) my knowledge, dea	DOA 286. TIME INJURIE STATE ST	OTHER: OTHER: A (Normal OF 2 First M Freet, factor	26. PLAC : ing Home 28c. INJUR WORK 1 YES	CE OF D 5 Re RY AT 77 77 77 77	EATH (Cheeldence to ND ND end due to end due to	Part I.	24s. WAS A PERFO 1 YES 1 One) ther (Specify) DESCRIBE HOW OCATION (Street of Town, Steet of T	IN AUTOPSY PRIMED? 2 NO INJURY OCI	24b. CURED or Rural R	COMPLETION OF CAUSOF DEATH? 1 YES 2 NO
Sequentially liet conditions, a sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in deeth) LAST PART II. Other significent condition WART II. Other significent condit	DUE TO b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1 Dispatient 2 2ee DATE DF (Month, D) building, CIAN: To the best of er.	(OR AS A CONSED (OR AS A CONSED (DR AS A CONSED death but npt re ER/Outpetlent 3 INJURY 99, Year) F INJURY — At honetc. (Specify) my knowledge, dea	DOA 286. TIME INJURIE STATE ST	OTHER: OTHER: A (Normal OF 2 First M Freet, factor	26. PLAC: Ing Home 28c. INJUR WORK 1 Yes Try, office	CCE OF D 5	EATH (Cheeldence to ND ND end due to end due to	Part I.	24s. WAS A PERFO 1 YES 1 One) ther (Specify) DESCRIBE HOW OCATION (Street of Town, Steet of T	IN AUTOPSY PRIMED? 2 NO INJURY Oct end Number enner as state and due to the	24b, CURED or Rural R	WERE AUTOPSY FINDS AWALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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Sequentially list conditions, a sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in deeth) LAST PART II. Other significent condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 VND MANNER DF DEATH 1 Natural 5 Pending Investigation 1 VES 2 VND MANNER DF DEATH 1 Natural 5 Could not be determined 2 Accident 3 Suicide 6 Could not be determined 10 CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSED (OR AS A CONSED (DR AS A CONSED death but not re death but not re ER/Outpetient 3 INJURY Sy, Year) This injury — At hone at the consequence of the consequence	UENCE OF UENCE OF UENCE OF DOA 28b. Time INJU	OTHER: A Whurst OF Print)	26. PLAC: : ing Home 29c. INJUR WORK 1 YE: ry, office	CCE OF DO	EATH (Cheveldence of the state	Part I. 261. L C 261. L C 6	24a. WAS A PERFC 1 YES 1 One) ther (Specify) DESCRIBE HOW OCATION (Streetly) Course(e) and make and place, 6	N AUTOPSY PRIMED? 2 NO INJURY OCI 2 end Number senner as state and due to the	24b. CURED or Rurel R ed. e ceuse(e) E SIGNED	WERE AUTOPSY FIND WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO Noute Number,
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1 - STATE REGISTRAR		STATE OF	MARYL	AND / DEPAR CERTIF					MENT			16	04681
1. DECEDENT'S NAME (First		*					DEA.	-	2. DAT	REG. NO			3. TIME OF DEATH
EDWA	RD	J. MC	Dor	HOUGH					MON	TH D	Q I	YEAR 992	0840 M
4. SOCIAL SECURITY NUME		5. SEX	8. AGE	(In yrs. last birthday)		R 1 YEAR	IF UNDER 2		7. DATE	E OF BIRTH	-	8. BIRTH	PLACE (State or Foreign
215058			82	YRS.	MONTHS	DAYS	HOURS	MIN.		2 /01/	09	Country	yland
9a. FACILITY NAME (If not in	stitution, give	e street and number)			9b. CIT	Y, TOWN C	OR LOCATIO	H OF DE			9c. COU	NTY OF DE	
Good Samar					Ba	altim	nore						
RESIDENCE OF DEC	106. COUN			10c, CI	TY, TOWN	OR LOCAL	TION						TO MODE ONLY
Maryland	Ba	altimore			altim		ION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10s. STREET AND NUMBER		TOTHOTC			II CIII		f. ZIP CODE				T 10a. CIT		THAT COUNTRY?
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11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT OF	F HISPAN	HC ORIG	SIN? (Specify Yes			- American Indian, White, etc.
1 Never Merried 2 X		FORCES?				If yes, spe	ecify Cuben,	n, Mexicer	n, Puerto	o Rican, atc.)		Black, Specify	
												Whit	
(Specify only		ede completed)		16a. DECEDENT'S (Give kind of a life. Do NOT us	work done	during mo	N st of working	g	16	b. KIND OF BUS	SINESS/IND	DUSTRY	100
Elementary/Secondary (0	J-12)	College (1-4 or 5	+)	Procureme					1	Civil Se	mira		
17. FATHER'S NAME (First, M	liddle, Last)			T T OCCUT CITE	TIC OI	TICE		TOTO NA					
	Edward P. McDonough 18. Mother's NAME (First, Middle, Melden Surname) Christina M. Dolch												
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
Thelma C. M	cDono	ugh								Balto			239
20a, METHOD OF DISPOSITI	ION		20b.	PLACE AND DATE	OF DISPOS	SITION (Ne			OAT		CATION —		
4 Donation 6 Other	4 Donation 6 Other (Specify) Dulaney Valley Cemetery 2-21-92 Timonium, Md.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE POX H. Cather 22. NAME AND ADDRESS OF FACILITY												
> Day	· WU	Cathon)		li e	mand	1 Pu	ob I	70 F	TOOK Har	found D	Le Dal	lto.,Md. 21214
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or initiated events	sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISEASE (Disease or Injury CAUSE (DISEASE												
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1 TES 2'S NO		1 Inpatient 2		atient 3 🗆 OOA	OTHER		e 5 🗆 Rasio	idence (6 🗆 Oth	er (Specify)			8
	Pending	28e. DATE OF (Month, D	INJURY Day, Year)	28b. TIMI	E OF JURY	28c. INJU WOF	RK?	- 1	28d. DE	SCRIBE HOW IN	IJURY OCC	CURED	
2 Accident	Investigation	28s PLACE C	OF IN HIRV	At 5-70 form			/ES 2 🗌 I	_					11.
	Could not be determined	building,	etc. (Specif	— At home, farm, a	street, recu	ory, office			281. LOC City	CATION (Street a. r or Town, State)	nd Number (or Rural Ro	ute Number,
29e. CERTIFIER (Check only one) 2 MEON	CAL EXAMIN		xemination	and/or investigation	on, in my o	opinion, de	eath occured	d at the ti	time, date	use(s) end men a end place, en	d due to the	e cause(s) (end menner as stated.
B. Lankae	chan	In the	med:	cine		al	29c. LICENS	SE NUME	BEM		PO D		Month, Day, Year)
30. NAME AND ADDRESS OF			ISE OF DEAT	ATH (ITEM 27) (Type,		^	140		2.3	1150			
		handra a	MD	Tunkandally	sd s	sam	19179	n	(क)	pital,	Balt	רסמי	re, MD
31. DATE FILED (Megin, Oe),	J-1997	2 7 100000	ad races	(major) was									

L OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician, DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

IN THE TUNERAL. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

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N OF VITAL RECORDS, P.O. B	D PHYSICIAN: The law requires that the death certificate
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1 - STATE REGISTE	RAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF HE	ALTH AND MEI	NTAL HYGIENE REG. NO.		0,002	
Ben	NAME (First, Middle, Last)	· Martin	amin J. Ma	artin		DATE OF DEATH DAY	YEAR 2	3. TIME OF DEATH	
213-0	AME (If not institution, give	DATE OF BIRTH (Month, Day, Year)	a. BIRT Coun Pa						
	TO DECEDENT	spital\			MORE		COUNTY OF	DEATH	
	D 10b. COUNT	Y /		altim			10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO}\) NO		
10a. STREET AN 430	7 Arabia	Avenue		10f. 2	21214	100	10g. CITIZEN OF WHAT COUNTRY?		
3 Widowed	ATUS Tied 2 Married 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DECEN	ly Cuben, Mexicen, Pu	RIGIN? (Specify Yee or N erto Ricen, etc.)	Yee or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
Elementer/12	15. DECEDENT'S EDU (Specify only highest grade Secondery (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in Cashier	k done during most .	of working	s/industry			
	AME (First, Middle, Last) Artin				Mary McKi	First, Middle, Maiden Surna VITZ	ime)		
190. INFORMAN Tina Ma	T'S NAME (Type/Print)					Number, City or Town, Ste			
20e. METHOD O	OF DISPOSITION ☐ Cremetion 3 ☐ Rem 5 ☐ Other (Specify)		b. PLACE AND DATE OF C metery, cremetory or other Dulaney Vall	DISPOSITION (Neme	of		ON — City or To	own, State	
. /	ames f. B	laddur		22. NAME AND	ADDRESS OF FACILITY			21214	
iMMEDIATE Codisease or coreauiting in disease or coreauiting in disease.	CAUSE (Finel and the condition to the condition and the condition	a. Less strains Bue to (or as Due to (or as	A CONSEQUENCE OF):	usiem t	Regal Fa		-+-	Approximate interval Between Onset and Deat	
PART II. Othe	erebrova.	e contributing to death is school Ar	-cident	the underlying c	ause given in Part	I. 24a. WAS AN AUTO PERFORMED? 1 TYES 2 N N		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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27. MANNER OF 1 Netural 2 Acciden	1 YES 2 NO 1 Pinpatient 2 ER/Outpatient 3 DOA 4 Norsing Name 8 Residence 8 0 27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 Netural 5 Pending								
3 Sulcide	8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, ferm, street cify)	et, fectory, office	281.	LOCATION (Street and Nu City or Town, State)	imber or Rural I	Route Number,	
4 Nomicid 29e. CERTIFIER (Check only one)	1 CERTIFYING PNYSI 2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the besis of exemination	riedge, death occurred a	t the time, data end	place, end due to the occured at the time,	e cause(s) end menner e	e stated.	e) and manner as stated,	
29b. SIGNATURE	AND TITLE OF CERTIFIED	mo		21	c. LICENSE NUMBER			(Month, Day, Year)	
30. NAME AND		O COMPLETED CAUSE OF DE	St Pay		altimor	e MD.			

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
10 INF PUNEAUL UNECTURE. Aried this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (MONTH, Day, Year)

FFR 20

92	-0808-510 Items 1- STATE re-	s: 23 pa	MAKYLANU /	DEPAI	RTME	NT OF I	HEALTH AN	2 G D MENT	TAL HYGIE		32	0400
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		C	ERTIF			DEATH		REG. NO	D.	YEAR	3. TIME OF DEATH
	RACHAEL 4. SOCIAL SECURITY NUMBER 217-29-2275	5. SEX	6. AGE (In yrs. la.	st birthday) YRS.	IF UND MONTH		IF UNDER 24 HR HOURS MIN	07	7. DATE OF BIRTH (Morth, Day, Year) 07/16/90		Country	10:33 A. PLACE (State or Foreign "Tryland
TOR	ST. AGNES HOSPI	TAL					OR LOCATION OF MORE C					
DIRECTOR	10s. STATE 10b. COUNT	altimore	inore Inc. city, town or location Arbutus						10d. III			
FUNERAL	106. STREET AND NUMBER 4507 Poplar Av	enue		101. ZIP CODE 21227					10g. CITIZEN OF WHAT COURS			
ВУ	11. MARITAL STATUS 1 \(\infty \) Never Married 2 \(\text{ Married} \) 3 \(\text{ Widowed} \) 4 \(\text{ Divorced} \)	FORCES? 1	T EVER IN U.S. AF	NO If yes, specify Cuben, Mexican, Pa				rican, Puan	n, Puarto Rican, atc.) Black, Whita, (- American Indian, Whita, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(G	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) XX					XX	JSINESS/INDU	JSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) Shemus McShane						Kat	hlee	ME (First, Middle, Meiden Surname) 1een Brooks Route Number, City or Town, State, Zip Code)			
7	19a. INFORMANT'S NAME (Type/Print) Kathleen Brooks	Riddle	19	4507	POP	ss (Street i	Avenue	Arbu	imber, City or Tox tus, Mo	An, State, Zip of . 212	^{Code)}	
	20a, METHOD OF DISPOSITION 1 & Burial 2 Cremetton 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		20b. PLACE cametery cre Meado	and date	ge N	Memor	ial Par ND ADORESS OF DSE Fune	k2/1 FACILITY eral	7/92 I Home,]	Inc.	, Mc	Md. 2122
ON	23. PART I. Enter the diseases, or shock, pr heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione,	a. My OC DUE TO	arditi	S. OUENCE O	not ente	er the mo	ode of dying, a	uch as co	erdiec or resp	piratory arre	est,	Approximata Interval Betwee Onset and Dea
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PHYSICIAN; MEDICAL C	PART II. Other significent condition	ne contributing to	deeth but npt r	eeuiting	In the u	inderlyln	g ceuse given	In Pert I.	24a, WAS AN PERFO	RMED?		WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	ling (Month, Day, Year) INJURY WORK?						_	her (Specify) ESCRIBE HOW	INJURY OCCU	JREO	
	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, farm, s	strnat, ta	ctory, office		281. LC	OCATION (Street by or Town, State)	and Number o	r Aurel Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of	my knowledga, da kamination and/or i	ath occurre	ed at the	time, data	and place, and d	lus to the d	euse(a) and ma	nner as stated	d, cause(s)	and manner se stated,
TO BE C	29b. SUMATURE AND TITLE OF CONTIFIER						O . C . M	IUMBER		29d. DATE	SIGNED (Month, Day, Year) 1992
FI	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	E OF BEATH ATE	4.0m. /T	0.1.0	-	2 . 0 . 11			U Z	1 1	1772

PENN STREET BALTIMORE

32. REGISTRATIS SIGNATURE
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

I. DECEDENT'S NAME (First, Middle, Last) A. SOCIAL SECURITY NUMBER DIP RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY ACCOUNTY ACCOU	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES ACTION COMPONENTED 166.	YRS. MONTHS DAYS 9b. CITY, TOWN OR LOC ARMED 13. WAS D 17 yes,	HOURS MIN. N OR LOCATION OF DI CATION 101, ZIP CODE A 11 A 0 ECCENDENT OF NISPAL appecify Cuben, Mexica ES 2 M NO Specifi	NIC ORIGIN? (Specify In, Puerto Rican, stc.	DAY 199	3. TIME OF DEA
DIPOR ALSO BB. FACILITY NAME (If not institution, give st G. B. PACILITY NAME (If not institution, give st G. B. PACILITY NAME (If not institution, give st G. B. PACILITY NAME (If not institution, give st 10s. FACILITY NAME (If not institution, give st 10s. STATE 10s. STATE 10s. STATE 10s. COUNTY AND ALSO 10s. STATE 10s. COUNTY 10s. STATE 10s. COUNTY	S. SEX 1 M 2 SF Reel and number) 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 D IF YES, GIVE WAR OR DATES ATION completed)	PRS. MONTHS DAYS 9b. CITY, TOWN OR LOC 10c. CITY, TOWN OR LOC ARMED 13. WAS D 11 yes, 1 yes, 11 yes, 12 yes, 13 whist of work down during a	HOURS MIN. N OR LOCATION OF DI CATION 101, ZIP CODE A 11 A 0 ECCENDENT OF NISPAL appecify Cuben, Mexica ES 2 M NO Specifi	7. DATE OF BIRTIN (Morith, Day, Yea S.C. J. NIC O'RIGIN7 (Specify In, Puerto Rican, stc.	9c. COUNTY BAL 10g. CITIZE	BIRTHPLACE (State or F Country) ASS ACHU Y OF DEATN 10d. INSIDE CIT LIMITS? 1 VES 2 N N OF WHAT COUNTRY? - S. A. Black, White, etc.
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(Specify only highest grade Elementary/Secondary (0-12) A RES 7. FATHER'S NAME (First, Middle, Last)	completed)	(Give kind of work done during a				WHITS
Elementary/Secondary (0-12) 12 / RS 7. FATHER'S NAME (First, Middle, Last)		He De MOT use miles of I	TION	16b. KIND OF	BUSINESS/INDUS	STRY
7. FATHER'S NAME (First, Middle, Last)		Ind. DO NOT use recired.)	noat or morning			
		HT HOM	S			
	mallal		16. MOTHER'S NA	ME (First, Middle, Mai		
9a. INFORMANT'S NAME (Type/Print)	MAKAS	19h MAII INC ADDRESS (C	200		An Plan Plan Co	
F ~ 1.1 ().	ROS	19b. MAILING ADDRESS (Stree	s and number or Rural:	riouse number, City or	iown, State, Zip Co	900)
10a. METNOD OF DISPOSITION	20h PLAC	EAND DATE OF DISPOSITION	Name of	OATE 20c	LOCATION - CIN	y or Town State
			SICAV	0	RTUAC	18-10 Co
11. SIGNATURE OF FUNERAL SERVICE LIC		22. NAME	ANO AODRESS OF FA	CILITY - LL	2300	1017,114
			1/ 1/ []	-		
If sny, iseding to immediate cause. Entar UNDERLYING CAUSE (Disesse or injury	DUE TO (OR AS A CONS	Ces Milleting				890
		EQUENCE OF J:				
PART II. Other significant conditions	contributing to death but no	t rasulting in the underlyi	ng ceusa given in			24b. WERE AUTOPSY F
	-0.01,0		5 des	1 🗆 YES	3 2× NO	OF DEATH?
CHE	may were.		2 organ	_		1 🗆 YES 2 🗀
5. WAS CASE REFERRED TO MEDICAL		28	PLACE OF DEATH (C)	ack anly one!		
EXAMINER?	HOSPITAL:	OTHER:				
	28e. DATE OF INJURY	28b. TIME OF 28c. II	NJURY AT		W INJURY OCCUP	RED
1 Natural 5 Pending investigation	(MORIN, Day, 1687)	7.4				
3 Suicide 8 Could not be	28s. PLACE OF INJURY — At building, etc. (Specify)	home, term, street, factory, off	lice	28f. LOCATION (Str.	eet and Number or	Rural Route Number,
4 Homicide determined						
(Check only						
	G.					IGNEO (Month, Day, Year)
Janten	a		D-12	550	▶ Fs (BRUDGVIT
0. NAME AND APORESS OF PERSON WHO	COMPLETEO CAUSE OF OEATH (IT	TEM 27) (Type, Print)				CIV MIVI
OR JAMES () violan	, 10085 Rec	1 Run Be	vel. O	ary MI	un 2111
14 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20e. METNOD OF DISPOSITION Burlei 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNA NUMBER OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or c shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock or heart failure. It is	20e. METNOD OF DISPOSITION Burlei 2 Cremation 3 Removal from State	20. METHOD OF DISPOSITION Burlel 2 Cremation 3 Removal from State Committee Com	20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DATE 20b. PLACE OF DATE 20b. PLACE OF DEATH DATE 20b. PLACE OF DEATH DATE 20b. PLACE OF DEATH DATE 20b. PLACE OF DEATH DATE 20b. PLACE OF DEATH DATE 20b. PLACE OF DATE 20b. PLACE OF DEATH DATE 20b. PLACE OF DATE 20b. PLACE OF INJURY AT 20b. PLACE OF INJU	20b. PLACE AND DATE OF DISPOSITION Department of the property Departme	20. METHOD OF DISPOSITION 20. DATE 20. CONTION — OR 20. DATE 20. CONTION — OR 20. DATE 20. CONTION — OR 21. SIGNATURE OF DISPOSITION OR 22. PART I. Enter the diseases, or complications that caused this death. Do not anter the mode of dying, such as cardiac or respiratory arres and or of the polyce 22. PART I. Enter the diseases, or complications that caused this death. Do not anter the mode of dying, such as cardiac or respiratory arres and or of the polyce 23. PART II. Enter the diseases, or complications that caused this death. Do not anter the mode of dying, such as cardiac or respiratory arres and or polyce 24. PART II. Enter the diseases, or complications that caused this death. Do not anter the mode of dying, such as cardiac or respiratory arres and or polyce 25. PARC PART III. District the mode of dying, such as cardiac or respiratory arres and or polyce 26. DUE TO (OR AS A CONSEQUENCE OF): 27. DUE TO (OR AS A CONSEQUENCE OF): 28. PLACE OF DEATH (Check only one) 29. PLACE OF ORATH (Check only one) 29. DUE TO (OR AS A CONSEQUENCE OF): 29. PLACE OF ORATH (Check only one) 29. DUE TO (OR AS A CONSEQUENCE OF): 29. PLACE OF ORATH (Check only one) 29. PLACE OF ORATH (Ch

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	THE THE CONTROL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TWANTER OF DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	or the province of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
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	FOR	STATE OF MI	ARYLAND / DEPAR	TMENT OF	UCAITU AND	**CUTAL U	VOIENE	92 04685		
	1 - STATE REGISTRAR	OIAIC OF III	CERTIF	ICATE OF	DEATH		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	DEATH /	3. TIME OF DEATH		
	Lizzie Price					MONTH 2	- MY 16/	12 8:52 AN		
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8	IRTH Vanci	B. BIRTHPLACE (State or Foreign Country)		
	216-22-4978	1 🗆 M 2 💢 F	70 yrs.	BONTHS DATE	HOURS MIN.	10-1	0-21	Virginia		
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D			NTY OF DEATH		
DIRECTOR	Union Memorial	. Hospital		Balt	imore Ci	tv				
EC	10a. STATE 10b. COUNT		10c, C/T	Y, TOWN OR LOCA		7		MA WOOD DAY		
PIG	MD			BALTIMOR				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER			1	Of, ZIP CODE		100 CITI	1 N YES 2 NO		
FUNERAL	1645 CARSWELL ST	TREET			21218			S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Sp	ecify Yea or No-	J - M -		
BY 1	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, s	pecify Cuban, Maxic S 2 X NO Speci	en, Puarto Rican.	, atc.)	Black, Whita, atc.		
	3 💢 Widowed 4 🗌 Divorced	1			- W	ny.		BLACK		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION le completed)	18a. DECEDENT'S (Give kind of v	work done durina m	ION lost of working	16b, KIND	OF BUSINESS/IND	USTRY		
1 1	Elamentary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	se retired.)						
- NA	8th 17. FATHER'S NAME (First, Middle, Last)		1003	EWIFE						
	PAUL BOYD					AME (First, Middle WILKIN	, Maiden Surname)			
0	19a. INFORMANT'S NAME (Type/Print)		405 MAII INC							
2	WILLIE BOYD		1645 C	ARSWELL	STRFFT/	ROUTE Number, CE	RE, MD 2	Code) 1 2 1 Q		
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE O			DATE				
	1 M Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	HOLLYGROVE				BRACLEY.	VIRGINIA		
	21. SIGNATURE OF FUNERAL SERVICE LIN	ICENSEE	1102210		NO ADDRESS OF FA		DITTIOL . ,	72.102.112.		
1	De Solow y	4 X	Chan				- 4007	THE ALLER		
-	20 sagret some	a s	Jones					TH AVENUE		
	23. PART I. Enter the diseases, or ahock, or heart failura.	List only one cause	State of the death. Do not on each line.	iot anter the mo	oda of dying, suc	ch aa cardiec o	or respiratory arm	est, Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	11. 15	CT	. ولم		,		Onset and Death		
	resulting in death)	a. ///wc/(275/ Car	UK5a.	n tai	lure.				
	disease or condition meaniting in death) Multi System Organ Refluxer. Due to (or As A Consequence of): Massive GI Bleed 6									
2	Sequentially list conditions, If any, leading to immediate Massive GI Bleed 6 W (
3	cause. Enter UNDERLYING	G.								
A I I LONG	that initiated avents		R AS A CONSEQUENCE OF	5):						
	resulting in death) LAST	d								
5	PART II Other significant condition	- southbuting to de								
3	PART II. Other algnificant condition	AT O	ath but not resulting it	n the underlyin	g cause given in	Part I. 24a,	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL	HA-AI	دا ٢٠				1 🗆	YES 2 NO	COMPLETION OF CAUSE OF DEATH?		
	01.0					_		1 TYES 2 NO		
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL	T								
5	EXAMINER?	HOSPITAL:	American	OTHER:	LACE OF DEATH (Ch					
2	27. MANNER OF DEATH	1 Inputiant 2 EP		4 🗆 Nursing Hon	ne 5 🗆 Residence					
	1 Netural 5 Pending	(Month, Day,	JURY 28b. TIME INJU	URY WO	JURY AT DRK?	28d. DESCRIBE	E HOW INJURY OCC	URED		
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF II	NJURY — At home, larm, st	M 1 1	_	OCC LOCATION				
	4 Homicide 8 Could not be datarmined	building, atc.	(Specify)	treet, rectory, orno		City or Tow	(Street and Number on, State)	or Rural Route Number,		
	29a. CERTIFIER A CERTIFYING BUYON									
COMPLETE			knowledge, death occurred							
3			ination and/or investigation	a, in my opinion, o	leath occured at the	11me, date and p	elace, and due to the	cause(s) and menner as stated.		
	286 SIGNATURE AND SITURES CONTINUES	1 11.			29c. LICENSE NUM			SIGNED (Month, Day, Year)		
-	soud fra	eperopry	2		AT2438	946618	1 7	416/92		
	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETEO CAUSE O	_					-		
1	31. DATE FILEO (Month, Day, Year)	VIKC	N 15.	alt /1	nd 2121	8				
	FFB 2 0 1992	Seal September 1	- ANDER							
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	1 - STATE REGISTRAR	STATE OF N	MARYLAND /		RTMEN					HYGIENE REG. NO.	,	- 04000	1
		LDRED HETZI							2. DATE OF MONTH	The state of the s	19 '	3. TIME OF DEATH 92 1:20P	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, I	BIRTH Day, Year)	8.	BIRTNPLACE (State or Foreign Country)	
	212-03-1554 90. FACILITY NAME (If not institution, g	1 M 2XXF	87	YRS.				37.52	3-	20-04	I	Maryland	
H							R LOCATIO		ATH		9c. COUNTY OF DEATH		
CTO	116 W. Univer					Balt	imor	e			N/A		
DIRECTOR	Maryland 10b. cou	N/A		10c. CI1	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				Bal	timo						1XXYES 2 NO	
FUNERAL		aites Disease				107.	ZIP CODE	1210				N OF WHAT COUNTRY?	
S	116 W. Univer:	12 WAS DECEDEN	EVER IN U.S. ARM	MED	13.	WAS DECI			IC ORIGIN?	Specify Year	USA	RACE — American Indian.	_
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES XXXX	TES XXXVIO If yes, specify Cuben, Mexican,				, Puerto Ric	an, etc.)	Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	18e. DEC	EDENT'S	USUAL O	CCUPATIO	N		16b. Ki	IND OF BUSI	NESS/INDUS		_
9	Elementary/Secondary (0-12)	College (1-4 or 5+		Do NOT u	se retired.)	uuring mos	IL OF WORKIN	9					
M	17. FATHER'S NAME (First, Middle, Last)	2		Hom	emak	er				N/A			
							18. MOTN			dle, Maiden S e Gib			
BE	Edward Hetze: 190. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AOORESS	(Street or	nd Number					0107	_
2	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 21210 Ann Hopwood 116 W University Pkwy Apt 1222 Baltimore, Maryland										đ		
	20a METNOD OF DISPOSITION	amount from State	20b. PLACE AF	NODATE	OF DISPOS				OATE	-		or Town, State	_
	4 Denation 5 Other (Specify)	New C	athe	dral				2/22	Ba	ltimo	re,Maryland		
		ephender	aks	2000			DADDRES	Mi	tchel			d Home	
	23. PART I. Enter the diseases,	r complications that	caused the dea	th. Do r	of enter	the mor	OTK .	Koad	Balt	ımore	, Mary	yland 21212	_
	shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):										ath		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
ERT	resulting in deeth) LAST	d											
	PART II. Other significent condit	ions contributing to d	lesth but not re-	sulting (n the un	derlying	ceuse d	ven in P	Part I 24	In. WAS AN AL	ITOPEV	24b. WERE AUTOPSY FINDING	
PHYSICIAN: MEDICAL										PERFORM	ED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	-
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DE	ATH (Chec	k only one)				
₹ ¥	1 YES 2 NO.	1 Inpatient 2	-	_	4 🗆 Nurs	ing Home	_	idence 6	Other (S)	pecify)			
BY P	1 Pending 2 Accident Investigation		r, Year)		URY M				28d. DESCRI	IBE NOW INJ	URY OCCUR	ED	
	3 Suicide 8 Could not 0 4 Nomicide determined		INJURY — At hometc. (Specify)	e, ferm, s	treet, facto	ory, office			281. LOCATIO City or To	ON (Street and own, State)	1 Number or F	Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PN 2 MEDICAL EXAM	YSICIAN: To the best of m	my knowledge, deat	h occurre	d at the til	me, date e pinion, de	nd place, on the occure	and due to	the cause(a) and menne d place, and (or ee stated. due to the ce	use(a) and manner se stated.	
O BE (29b. SIGNATURE AND TITLE OF CERTIF	n Has					29c. LICEN		96	2	Ped. DATE SIG	GNED (Month, Day, Year)	
۲	30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	10			21.	0	20)9	\exists
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE	i h	UU	- 11	ave	_ /	JILLE	X	212	37	_
	FEB	2 0 1992	Julia Da	idson	-Rand	100							

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Phose filled within 72 hours after death with the State Dept. of Neath and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending	IL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to have a set to h	(Item 28 is marked or Item 23 shows any injury or other traumatic event the medical examiner must be neithflad at once
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DING	I. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it have after death with the State Deor, of Health and Mental Hotelee prior to build, cremation, or removal	Em.
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92 04687 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H			GIENE G. NO.	2 04007		
	1. DECEDENT'S NAME (First, Middle, Last)	•	EVETTE)	RAILE		2. DATE OF DE		3. TIME OF DEATH		
	CASSANDRA	YVETTE		RAILE	EY	02	18 19			
	4. SOCIAL SECURITY NUMBER 214-90-2591	5. SEX 6. AGE (Ir		IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Dey, 8-28-	8. (4) (7)	BIRTNPLACE (State or Foreign Country) MD		
_	Se. FACILITY NAME (If not institution, give a			9b. CITY, TOWN O	R LOCATION OF O	EATN	9c, COUNTY	OF DEATH		
DIRECTOR	JOHNS HOPKINS	HOSPITAL		BALTIN	ORE CI	TY				
E C	10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
듬	MD		BAI	TIMORE				LIMITS?		
A	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEI	10g. CITIZEN OF WHAT COUNTRY?		
E	1307 WILCOX STRE	ET			21202		U.	S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF NISPAI ocity Cuben, Mexica 2 X NO Specifi	in, Puerto Rican,				
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	SUAL OCCUPATIO	N	16b, KIND	OF BUSINESS/INDUS			
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	ork done during mos retired.)	st of working					
P	10th		STUDENT				STUDENT			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle,	Melden Surname)			
BE (WILLIAM SMITH				LINDA	RAILEY	1			
2	190. INFORMANT'S NAME (Type/Print) LINDA RAILEY		196. MAILING A 526 E	DORESS (Street at	STREET/E	BALTIMOF	RE, MD 21	218		
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremetton 3 Rem		PLACE AND DATE OF				20c. LOCATION — CIT			
	4 Donation 8 Other (Specify)		SHELL ME	7			BALTIMORE	, MU		
	N 4	·VO		12 17 THE ST	D ADDRESS OF FA		E HODEL	01/51/15		
	rypette	1- Ame	0	100000			E. NORTH			
	IMMEDIATE CAUSE (Final	a. DUE TO (OR AS A	ch lina.			n wa cardiac o	r respiratory arres	t, Approximate Interval Batween Onset and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:						
	DADT II Other electricant and distant		Delice of the							
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	a contributing to death bu	t not resulting in	the underlying	cause given in		MAS AN AUTOPSY PERPORMED? YES 2 NO	24b. WERE AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\subseteq NO		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
YSI	1X) YES 2 - NO	1 Ninpatient 2 - ER/Outpa	tlent 3 🗆 DOA	OTHER: Nursing Home	5 - Residence	6 X Other (Spec	111416 N.	BETHEL ST.		
표	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 02-17-19	28b. TIME INJU	RY WO			HOW INJURY OCCUP	RED		
B	2 Accident Investigation				ES 2 X NO	SUBJE				
3 Saficide 8 Could not be building, etc. (Specify) 288. LOCATION (Street and Numb City or Town, State)							(Street and Number or n, State) N • BETHEI			
٣ ا	29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	CIAN: To the best of my knowle	dge, death occurred	at the time, date	and place, and due	to the cause(s) s	and manner as stated.			
8		R: On the beels of examination						ause(a) and menner as stated.		
BEC	296. UC ATURE AND TITLE OF CERTIFIE	. V 00 .			29c. LICENSE NUR	MBER	29d. DATE S	IGNED (Month, Day, Yeer)		
0	KULLARE VINC	The			O.C.M.E	Ξ.		18-1992		
=	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	_	Print)		·		AND 21201		
	31. DATE FILED (Month, Day, Year) FEB 2 0 1992	32 REGISTRAR'S SIGNA	- Handell		DE Z DI			44441 A 1 A V 1		
		VI								

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THE FUNCTOR: After this certificate has been signed by the attending physician and completely filled in by the function, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 2, 3 should be detached for use 3, 3 should

TRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
T'S NAME (First, Middle, Last)		2. DATE O	F DEATH

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF CEATH			
	MARTA		D.T.	TOV				EAR			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		LEY		02 15					
	262-70-7512		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)			
3	202 /0 /312	1 M Z M F	O9 YRS.			May 11, 1	.922	Cuba			
	9s. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF OE	ATH	9c. COUNTY	OF DEATH			
E .	NORTH ARUNDEL HO	CDTTAL ACCOUNT	TATTON	OI TN	DIIDNITE						
DIRECTOR	RESIDENCE OF DECEDENT	SELIAL ASSOC	LATION	GLEN	BURNTE		A_	A. COUNTY			
M	10e. STATE 10b. COUNT	ſΥ	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY			
뜻	Maryland Anne	Arundel	Bro	oklyn F	ark			LIMITS?			
	10e. STREET AND NUMBER							1 YES 2 PNO			
*		12		101	ZIP CODE			N OF WHAT COUNTRY?			
FUNERAL	210 Southerly R	a.			21225	ed States					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Ye	s or No- 14	. RACE — American Indian,			
	1 Never Married 2 X Married	FORCES? 1 YES			ecity Cuban, Mexicar 2 NO Specify	n, Puerto Rican, etc.)		Black, White, etc.			
ВУ	3 Widowed 4 Divorced			1,00	2 NO specify	Cuban		Specify: White			
0	15. OECEDENT'S EDI	UCATION	16a. DECEDENT'S U	ISUAL OCCUPATION	OM	16b. KIND OF BL	ISINESS/INDI IS	TOV			
	(Specify only highest grad		(Give kind of wo	ork done during mo retired.)	st of working	Tob. Kill Or Bo	OWESS! INDOS	Int			
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Homemak			Own Ho	ome				
ž l						0					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	. 400				ME (First, Middle, Maider	Surneme)				
BE (Felito Hernande	:Z			Maria	Guzman					
	19a, INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street o	nd Number or Rural R	loute Number, City or Tox	vn State Zin Co	orial			
2	Robert M. Riley					rooklyn Pl					
	20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremetion 3 □ Ran	noval from State	b. PLACE AND DATE OF metery, crematory or oth	an mineral		1		or Town, State			
	4 Donation 5 Dother (Specify)	- Con	Crownsvil	le MD V	et. Cem.	2/19 Cr	ownsvil	lle, A.A., MD			
	21. SIGNATURE OF FUNERAL SERVICE D			22. NAME AL	ID ADDRESS OF FAC	HLITY					
	111),,0		Kirkl	ey-Ruddio	ck Funeral	L Home				
	1000	LL		421 C	rain Hwy	., S.E. G	Len Bur	nie, MD 21061			
NOI	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition) resulting in deeth) a. COURS OF DOORS DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate										
EDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS A									
ਹ	DART II On IIII III-										
MEDICAL	PART II. Other algolificent condition	The Contributing to death b	out not resulting in	the underlying	g cause given in i	Part I. 24e. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO			
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck only one)					
8	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outs		OTHER:							
¥	27. MANNER OF OEATH	28e. OATE OF INJURY	28b, TIME	-	e 5 Residence (
	1 Netural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK?	28d. DESCRIBE HOW	INJURY OCCUR	ED			
BY	2 Accident Investigation				ES 2 NO						
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, atc. (Spec	Y — Al home, farm, attackly)	reet, lactory, offic		281. LOCATION (Street City or Town, Stete	end Number or I	Rural Route Number,			
12	4 Homicide determined		•			ony or rown, orono	,				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PRYS	man and an an an an an an an an an an an an an	deden d di								
A P	(Linear any					to the cause(s) end ma					
Ö	3 MEDICAL EXAME	On the basis of samplifullo	on and/or investigation.	, in my opinion, d	eath occured at the I	lime, date end place, e	nd due to the co	ause(s) end manner as stated.			
	295. SIGNATURE AND TITLE OF CENTYFIE	aX X			29c. LICENSE NUM	BER	29d. DATE SI	IGNED (Month, Day, Year)			
8	-	126 CX			nac	282	▶ 2				
2	30. NAME AND ADDRESS OF PERSON W	IO-POTED PHIOT OF O	ATM ATPM AT	Delecti	20	702		1,31,0			
	STEPHEN R. IZZI,	M. D. //575 PT	TCHTE HTC	TINO HIJAV /CT	EM DIDNET	MADEE	D 007 1				
			TOUTE UIG	IIWAI/GL	EN BOKNIT	E, MARYLAN	2016 עו	1			
	31. DATE FIRS (200 9992	32. REGISTRAR'S SIGN	under								

Contract of the contract of th

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Yes, a

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transif permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	FAY F. KAVI	ange		FEB. 19	1992 9:15 P.M.
	4. SOCIAL SECURITY NUMBER 5. SEX		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIFTH (Month, Day, Year)	B. BIRTHPLACE (State or Foreign
	129 12 4586 10 M 278	F 85 YRS. WO	NTHS DAYS HOURS MIN.	MAY 13 190	L COUNTY)
	9a. FACILITY NAME (If not Institution, give street and number)	98	CITY, TOWN OR LOCATION OF DE	ATH / 9	c. COUNTY OF DEATH
OR	AUGSBURG LUTHER	and Home	BALTIMORE		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				
DIRECTOR	Coold - Cooly	10c. CITY, TI	OWN OR LOCATION		10d. INSIDE CITY LIMITS?
LD	100. STREET AND NUMBER	(2)	MOODPAMV		1 YES 2 NO
RA	104. STREET AND NUMBER	0	10f. ZIP CODE	10	Dg. CITIZEN OF WHAT COUNTRY?
FUNERAL	P892 TULLISTO	KOAD	31301		V-S.A.
5	1 Never Married 2 Married FORCES?	DENT EVER IN U.S. ARMED 1 YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica		No — 14. RACE — American Indien, Black, White, etc.
ВҰ	3 ₩Idowed 4 □ Divorced IF YES, GIV	E WAR OR DATES	1 YES 2 NO Specify		Specify:
	15. DECEDENT'S EDUCATION	16s, DECEDENT'S US	IAL OCCUPATION	16b. KIND OF BUSING	I WHITE
	(Specify only highest grade completed)	(Give kind of work	done during most of working	IOD. KIND OF BUSINE	SS/INDUSTRY
P	Elementary/Secondary (0-12) College (1-4 o	COLE CO	of -ourse	C.ET	POKZ
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1 2 2 1	11 12 12 13	ME (First, Middle, Malden Sun	
	FRANK & FILL	:01-	1:11:	& MAY I	511:00
BE	19s. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural I	Toute Number City or Town S	tate Zin Codes
5	FAMILY RECORDS	97	0. 00	いシ	
	20s. METHOD OF DISPOSITION	20b. PLACE AND DATE OF D			ION — City or Town, State
	1 Donation 5 Other (Specify)	cemetery, crematory or other	PUNTERSMATOR	13-3H BaI	JORS MARYLAND
	21, SIGNATURE OF THE HERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	artin - Wew	AASES
	1		EVANS CHAP	STOP I MI	WEIS?
	23. PART I. Enter the diseases, or complications		8800 HARTO	30 KOAO -1	ARRILLS
	ahock, or heert fellure. List only one	cause on each line.	enter the mode of dying, auci	as cardiec or respirate	ory arrest, Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition	1 1-0	0/16	do	Onset and Death
	resulting in death)	eta vals c	Blabbe	ance	4
	DOE	TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	Sequentialty list conditions, b.	TO (OR AS A CONSEQUENCE OF):			
¥ I	if any, leading to immediate cause. Enter UNDERLYING	,			
필	CAUSE (Disease or injury that initiated events	TO (OR AS A CONSEQUENCE OF):			
토	resulting in death) LAST				
	DADY II Other desident on the conditions and the				
EDICAL	PART II. Other significant conditions contributing	to death but not resulting in t	he underlying couse given in	Pert I. 24a. WAS AN AUT PERFORME	D? AVAILABLE PRIOR TO
ă				1 _ YES 2X	NO COMPLETION OF CAUSE OF DEATH?
					1 - YES 2 - NO
Ž					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	0	26. PLACE OF DEATH (Chi	ck only one)	
PHYSICIAN: M	1 YES 2 NO 1 Inpatient	2 ER/Outpatient 3 DOA	Nursing Home 5 - Residence	6 Other (Specify)	
표	27. MANNER OF DEATH 1. Neturel 5 Pending	OF BNJURY 286. TIME OF INJURY	F 26c, INJURY AT WORK?	28d. DESCRIBE HOW INJU	RY OCCURED
B	2 Accident Investigation	114	M 1 YES 2 NO		
	3 Suicide 8 Could not be determined	É OF INJURY — At home, farm, streeng, etc. (Specify)	t, fectory, offics	28f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,
1					
_ 1		of my knowledge, death occurred a			
<u>=</u>	29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the bes				
OMP	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of		n my opinion, death occured at the	time, dats and place, and de	se to the csuse(s) and manner as stated.
3E COMPLETED	(Check only CERTIFYING PHYSICIAN: To the bes		n my opinion, death occured at the 29c. LICENSE NUM		d. DATE SIGNED (Month, Day, Year)
BE	(Check only 1 CERTIFYING PHYSICIAN: To the besidence) 2 MEDICAL EXAMINER: On the basis of the ba	of examination end/or investigation, in	29c. LICENSE NUN		
	(Check only one) 2 MEDICAL EXAMINER: On the basis of	of examination end/or investigation, in	29c. LICENSE NUN	72 1	
BE	(Check only 0 CERTIFYING PHYSICIAN: To the bee one) 2 MEDICAL EXAMINER: On the basis of person who completed on the completed of the completed of the completed of the completed of the completed of the completed of the completed of the completed of the completed of the completed of the completed of the completed of the completed of the completed of the complete of	AUSE OF DEATH (ITEM 27) (Type, Prince)	29c. LICENSE NUN	72 1	
BE	(Check only one) 2 MEDICAL EXAMINER: On the basis of MEDICAL EXAMINER: On the basis of Delta SIGNATORE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED ON THE COURT OF	of examination end/or investigation, in	29c. LICENSE NUN		

DHMH-16 Rev 1/89

020	24 hours after death. Page 6 may be retained by the hospital or attending physician
BALTIMORE, MARYLAND 21215-0020	attending
7	2
ND	hospital
A	P.
7	3
MAR	retained
-	Pe
RE	May
0	9
Σ	Page
ALT	death.
0	after
	DOURS
	24
	-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO REMEM, ORCCON. After this certificate has been signed by the attention of physician and completely fluid in by the function, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made at the properties of the The law requires that the North PHYSICIAN: The law requires that the death certificate be executed within

	1 - FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAI	RTMEN	T OF H	EALTH DE A	AND I	MENTA	L HYGIEI		92	04690
	1. DECEDENT'S NAME (First, Middle, Last) Viola C		Russ		IOAII		DLA		2. DATE MONT	OF DEATH	MY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	217-05-7639	1 🗆 M 2 📆 🗲	78	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Dey, Year)	13	Countr	th Carolin
-	9a. FACILITY NAME (If not institution, give a		9b. CITY	, TOWN	OR LOCATI	ON OF DE		22		INTY OF D			
TOF	3030 Arunah A		Ва	1ti	more	2							
EC	10a. STATE 10b. COUNTY	1	10c. CITY, TOWN OR LOCATION										10d, INSIDE CITY
DIR	Maryland		Baltimore										LIMITS?
AL	10e. STREET AND NUMBER			1 Du	TUIL		ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
IER	3030 Arunah Av				212	16			U	ISA			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	IE VEC OIVE WAR OR GATEO				If yes, sp	ecify Cube	OF HISPAN In, Maxical Specify	n, Puarto	N? (Specify Ye Rican, atc.)	a or No-	14. RACE Black Speci	- American Indian, White, atc.
	15. DECEDENT'S EDU	CATION	160.	DECEDENT'S	I HSHAL O	CCUPATIO	NA .		1 404	. KINO OF BU	0111500 W.		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during mo	st of working	ng	100	. KING OF BU	SINE SS/INI	DUSTRY	
APL				stod	ian				Ва	altim	ore	Pub:	lic School
OS	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First,	Middle, Maiden	Sumame)		
BE	Charles Cart	er					Isa	bel:	le	Simp	son		
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tox	rn, State, Zip		21216
	Myra Russell			3030				enu	e I	Balti	more	, Ma	aryland
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemberry, crematory or other place) 20c. LOCATION — City or Town, State												
	21. SIGNATURE OF FUNERAL SERVICE LICENSIA. LOCAL COLUMN APPROXIMATION AP												
	Leroy Harris F/H Baltimore, Md 21										llmor St.		
-	23. PART I. Enter the disease, or o	7200											e, Ma 2121
	shock, or heart feliure. I	. Meto	OR AS A CONS	no.	wh			nei		nec or resp	iratory sn	rest,	Approximata interval Between Onset, and Death
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST												
S													<u> </u>
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in							liven in I	Part I.	24a. WAS AN PERFOR 1 YES 2	IMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ck only on	•)			
YSI	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient	3 DOA	OTHER		5 % Re	sidenca (0the	r (Specify)			
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIM INJ	E OF URY	28c. INJU			28d. DES	CRIBE HOW I	NJURY OC	CURED	
BY	2 Accident Investigation				M		ES 2 [NO					
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	homa, farm, a	n, atreat, factory, office 281				281. LOC	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF THE CERTIFICATION	CIAN: To the best of R: On the basis of as	my knowledge, o	death occurre	ed at the ti	me, data pinion, de	and place, eath occur	and due t	o the cau	se(s) and mar	ner as stat	ed. e cause(s)	and manner as stated.
TO BE	Tour Tour	nlin	m	D			29c. LICE	NSE NUMI	BER	7	29d. DATE	E SIGNEO	Month, Day, Your)
	AUL E GERM	cory!	900 (EM 27) (Type	Print)	bu	l	60	1/6	·M	D	21	29
	31. DATE FILED (Month, Day, Year) FEB 2 0 1992	gulia David	AS SIGNATURE	lelle									, -

hand to

		-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	ay be retained by the hospital or attending physic	page 5 should be detached for use as the burial	be notified at once.
BALTIMOF	4 hours after death. Page 6 m	filled in by the funeral director,	le medicai examiner mus
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be presented for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	T. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	PER	THE STATE OF	MPORTA

1. DECEDENT'S NAME (First, A	Widdle, Last)	DILIC			ICAT				REG.	Н		3. TIME OF DEATH
	М	.ELLIOT	T RAND	OLPH					MONTH	16-92	YEAR	440
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	st birthday)		1 YEAR	IF UNDER		DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
579-38-55		1 M 2 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	7-15	05	MAR	YLAND
9a. FACILITY NAME (If not insti		treet and number)			9b. CITY	r, TOWN C	OR LOCATIO	ON OF DEAT		7	NTY OF DI	
KESWICK HOME BALTIMORE CITY												
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												
MARYLAND	.5			100. 011	i, iown i			MORE	CITY			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					ZIP CODE		CITI			1 X YES 2 NO		
700 W	EST	40th.	STREET			101		2121	1	10g. CIT		A .
11. MARITAL STATUS				MED	13	WAS DEC			ORIGIN? (Specif	. W W		
1 Never Married 2 M M 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES 2 1	NO		If yes, sp	2 NO	n, Mexican, I	Puerio Ricen, atc) Yes or No—	Black	— American Indian, , White, atc.
15. DECED	DENT'S EDUC	WORLD W		OCDENTIO	11011111 0							HITE
(Specify only in Elementary/Secondary (0-1)	highest grade	completed)	(G	CEDENT'S live kind of a Do NOT us	work done	during mo	ON st of workin	g	16b. KIND OF	BUSINESS/INC	DUSTRY	
Elementary/Secondary (0-12	2)	College (1-4 or 5 +	.)		YSI	CAN			н	EALTH	CAR	F
17. FATHER'S NAME (First, Midd	die, Last)	<u> </u>			101	72111	10 MOTH	EDIC NAME			CAN	
ROBERT	LEE	RANDO	LPH				IE. MUTH		OBE E	iden Surname) LLIOT	Г	
19a. INFORMANT'S NAME (Type	a/Print)			b. MAILING	ADDRESS	(Street =	nd Number		te Number, City or			
M.ELLIOTT		OLPH (S	ON) 9	09 4	PPL	EWO	OD I	ANE.	BALTIN	ORF. M	D . 1	21212
20a. METHOD OF DISPOSITION			20b, PLACE	AND DATE	OF DISPOS	ITION (Na	me of		DATE 200	LOCATION	Ch T.	- 01-1
1 Donation 5 Other (S	3 🗌 Remo	oval from State	CRFF	Matory or o	her place)	CDI	EM A T	ODV	2-17-9	D A	T (T)	vn, state
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	TONLL	IV I'IC	22.	NAME AN	D ADDRES	S OF FACIL	ITY			
► R. J.	0	11				HEN	RY	W.		NS & S	SONS	
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00 04001 0					49	05	YORK	RD.	, BALT	O. MD.	21	212
23. PART I. Enter the dise ahock, or hea	eases, Dr c	Dmplicetiona that	ceused the de	eth. Do r	49 ot enter	the mod	YORI	RD.	BALT	O. MD.	21	Approximata
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allock, of fies	rt milure, t	emplicationa that List only one cau	se on each line).	ot enter	the mod	de of dyle	ng, euch a	a cardiac or re	O. MD.	21	Approximata Intervei Betw
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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 6eath. Page 6 may be retained by the hospital or attending physician.

THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF I	HEALTH AND I	MENTAL HYGIEN	E	- 04032	
	1. DECEDENT'S NAME (First, Middle, Last)	Pauline	M. Smith	ı		2. DATE OF OEATH DA O2 17			
	4. SOCIAL SECURITY NUMBER 212 34 9962	212 34 9962 1 M 2 X F 93 YRS. MONTHS DAYS HOURS MIN.						ATHPLACE (State or Foreign Unitry) Maryland	
TOR	99. FACILITY NAME (If not institution, give a 541 Pritchard RESIDENCE OF DECEDENT		CUM	АТН	9c. COUNTY O	e Arundel			
DIRECTOR	10e. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 541 Pritchard D	rive		10	1. ZIP CODE 21090		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, sp		HC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	8	ACE — American Indian, lack, White, etc. pecity: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	CATION completed) College (1-4 or 5+)	180. DECEDENT'S (Give kind of v life. Do NOT us HOUSEW	vork done during ma se retired.)	DN ost of working	166, KIND OF BUS			
BE	17. FATHER'S NAME (First, Middle, Last) M 19a. INFORMANT'S NAME (Type/Print)	ichael Houd			Anni	ME (First, Middle, Malden e Myers			
2	Virginia McKewin		541	Pritchar	d Drive	City or Town Linthicum		and 21090	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	206. PLACE AND DATE Of Commetery, grematory or of WOOGLAWN	of disposition (Ni ther place) Cemetery	eme of	2-21 Baltimore, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Co D	oùs	Georg		ce Funeral Hwy. Balti	. Home I	P.A.	
	23. PART I. Enter the diseases, or cahock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet pnly one ceuse of	n each line.	occlus	on			Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
	PART II. Other algnificent condition	s contributing to deet	h but not resulting i	n the underlyin	n cause given in	Part I. 24a. WAS AN	ALITOPSV Z	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL			Hensen		, care green	PERFOR	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Che	ack only one)			
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJUI	RY 26b. TIM	E OF 28c. IN.	URY AT PRESIDENCE PRES	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED		
	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, ferm, a Specify)	kreel, factory, offic	•	261. LOCATION (Street e City or Town, Stete)	nd Number or Run	al Route Number,	
COMPLETED		CIAN: To the beel of my kr						e(e) end menner ee stated.	
TO BE	291. SIGNAPORE AND TITLE OF DERTIFIER 20. NAME AND ADDRESS OF PERSON WHI	Skan	, hus		29c. LICENSE NUM 29 62		29d. DATE SIGN	ED (Month, Day, Year)	
	HARRY L. KNI	32. REGISTRAR'S S	6411		DERICK	Rà. BAL	TIMORE, I	nd, 2/229	
	FEB 2 0 1992 Sub	e devidion-Man	delle					DHMH-16 Rev 1/89	

DALLINONE, MANTLAND ZIZIS-UUZU	s be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE OF DEATH	REG. NO.
in I noti		

	1. DECEOENT'S NAME (First, Middle, Li	st)				<u> </u>		2. DATE OF DEATN	J	3	. TIME OF DEATH
	DONAL	STI	EPP								
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1			7. DATE OF BIRTH		8. SIRTHPL	ACE (State or Foreign
	214-16-8315A	1 X M 2 - F	72	YRS.	MONTHS	DAYS HOUR	a MIN.	(Month, Day, Year)	a	Country)	MD
_	90. FACILITY NAME (If not institution, ga	,					ATION OF DEAT	TH .		TY OF DEA	тн
СТОВ	LIBERTY MEDICAL				В	ALTIMO	RE				
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COL			10c. CIT	Y, TOWN OR	LOCATION				L	Dd. INSIDE CITY
DIRE	MD				LTIMO						LIMITS? X YES 2 NO
	10e. STREET AND NUMBER			011	L 1 1110	101. ZIP C	ODE		10g, CITIZ		AT COUNTRY?
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FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. AR	MED	13. W	S DECENDEN	T OF NISPANIC	ORIGIN? (Specify Ye	-	14. RACE -	- American Indien,
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:									Specify:	BLACK
ETED	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	18e. OE	CEDENT'S	USUAL OCC	UPATION ring most of wo	rking	16b. KIND OF BU	JSINESS/INDU		
PLE	Elementery/Secondery (0-12)	College (1-4 or 5	+)								
COMPL	8th 17. FATNER'S NAME (First, Middle, Last)			UNEM	PLOYE		~~~~				
EC	GEORGE STEPP						NA BAR	(First, Middle, Maide	n Surneme)		
00	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (ite Number, City or To	en State 7in (Codel	
2	EDNA HAWKINS							ALTIMORE			APT. 315
	20a. METNOD OF DISPOSITION 1 X Buriel 2 Cremation 3 R	and the same	20b. PLACE A	ND DATE O	F DISPOSITI	ON (Name of			DCATION — C		State
	4 Donation 8 Other (Specify)	emoval from Stata	VOSHE	LL ME	MOR 17	L GAR	DENS		TIMOR		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSAE	7		22. NA	ME AND ADD	RESS OF FACIL	ITY			
	Munessa	(Dal)			WM.	C. MARI	CH E.H.	/1101 E.	NORTI	H AVE	NIIF
	23. PART I. Enter the diseases, or heart falls	or complications the	at caused the de	ath. Do n							Approximate
	ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)		PNUE (OR AS A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSECUENCE OF A CONSEC		V JA	hej H	h <	FPSIS			interval Between Onset and Death
2		- 5	CARCIA	000	A	25	LUN	4			
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE OF):						
S	cause, Enter UNDERLYING CAUSE (Disease or Injury	с									
Ë	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE OF):						
CE		d									
	PART II. Other aignificant condit				tha Unde	riying cause	given in Pa	rt i. 24a, WAS AF			FRE AUTOPSY FINDINGS
DICAL	SIP BILATER	242 AMF	NTATIO	N				PERFO		CO	AILABLE PRIOR TO IMPLETION OF CAUSE
ME	RENAL	FAILU	RE u	with	A	VAEN	114		4		DEATH?
	DIABE	TES	MELLI.	TUS							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				28. PLACE OF	OEATN (Check	only one)			
IXSI	1 YES 2 NO	1 Inpetient 2	ER/Ovtpatient 3			Home 5 🗆	Rasidence 8 [Other (Specify)			
	27. MANNER OF DEATN 1 2 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIME INJU	JRY	c. INJURY AT WORK?		d. DESCRIBE NOW	INJURY OCCU	REO	
BY	2 Accident Investigatio	28e PLACE C	F INJURY — At hor	no form of		1 YES 2					
윤	4 Homicide 8 Could not to determined	building,	etc. (Specify)	ree, taitri, si	rout, factory	, onice	20	H. LOCATION (Street City or Town, State)	end Number or)	Rural Route	n Number,
COMPLETE	29e. CERTIFIER	(O)(O)(A) T (A) A (A)		es liste out o							
MP	(Check only one) 2 MEDICAL EXAM	YSICIAN: To the best of	my knowledge, des	th occurre	at the Jime	, date end pla	ce, end due lo	the cause(s) end me	nner ee stated	1.	
- 11	29b. SIGNATURE AND TITLE OF CERTIF	NER: On the basis of s	AN		, as my opin				nd due to the	Ceuse(e) en	d menner ae stated.
BE	130. SIGNATURE AND THEE OF CENTIF	- Colo	HUM	M		29c. LI	CENSE NUMBE		No.		onth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON	VNO COMPLETED CAU	SE OF HEATH STEM		-	1 2	233	00		2.14	.92
	SUDHIR. D.	PATE						12	5 10	•	~ 15
		12 DECIETRA	DIC CICALATION		17	rea	ene.	BN	٠٠٠٠.	٠ سر	21215
	31. WEFUED (Month), Day, Year) 1992	Julia David	on-Randel	2							
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the other section

THE R. P. LEWIS CO., LANSING, MICH.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DICTION									E OF DEATH			3. TIME OF DEATH
RICHARD		FREDE	RICK		S	CHN	IIDT	02	" 1	7 1	992	
4. SOCIAL SECURITY NUM 214-88-098		5. SEX	8. AGE (In yrs. le 28	est birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH	L963	8. BIRTH	PLACE (State or Foreign
9a. FACILITY NAME (If not	institution, give s	street end number)			96. CITY, T	OWN C	R LOCATION OF	DEATH		9c. COL	INTY OF D	EATH
NORTH ARU		HOSPITA	L		GLEN	В	JRNIE			ANN	E AI	RUNEL
Maryland	Ann	e Arunde.	1		y, town or en Bu							10d. INSIDE CITY LIMITS? 1 YES 22 NO
516 Kent F							21060					States
11. MARITAL STATUS 1 Never Merried 2 [3 Wildowed 4 Dh			NT EVER IN U.S. A I X YES 2 MAR OR DATES	RMED NO	If y	res, sp	ENDENT OF HISP ecity Cuben, Mexi 2- NO Spec	can, Puerte		s or No—	Black	American Indian, white, etc.
	CEDENT'S EDU nly highest grade (0-12)		+)	Give kind of the Do NOT us CCTI		UPATIO	on st of working		elf En			
17. FATNER'S NAME (First, Vernon Fr		Schmidt					18. MOTHER'S N Ethel		Middle, Meider reland			
199. INFORMANT'S NAME Ethel L.	Schmid		1				nd Number or Aure , Glen 1					
20e. METHOD OF DISPOSE 1 Burlel 2- Cremat 4 Donation 5 Other	er (Specify)				OF DISPOSITI		Inc.2/		TE 20c. LC		, Bal	wn, State Lto, MD
21. SIGNATURE OF FUNER	SERVICE LIC	CENSEE					ey Rudd					WD 2106
23. PART i. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)	heart fallure. Inal	complications the List only one can s. Co W/7.	use on each iin	10.	not enter th	ne mo	de of dying, su	ch as ca	rdiac or resp			Approximate interval Between
iMMEDIATE CAUSE (F	itions, ediete fing	s. Co NUT? DUE TO DUE TO	use on each iin	EOUENCE O	not enter th 少W し 行:	ne mo	de of dying, su	ch as ca	rdiac or resp			Approximate interval Between
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shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if sny, leading to immediate. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA	itions, ediete ying sury ST	b. DUE TO d	O (OR AS A CONSI	EQUENCE OF	F): in the under	bu bu	cause given i	n Part I.	24a. WAS AN PERFO	AUTOPSY RMED? 2 NO	246.	Approximate interval Betwee Onset and Des On
shock, or immediate cause (Figure 1) and the cause or condition resulting in death) Sequentially list condition from the cause of the cause. Enter UNDERLY CAUSE (Disease or Injury 1) that initiated events resulting in death) LA PART II. Other signification of the cause of the	itions, ediete ying sury ST	B. DUE TO B. DUE TO C. DUE TO C. DUE TO	O (OR AS A CONSI	EQUENCE OF TESTING	OTHER: 4 Nursin	perlying 26. PL 26. PL WO	de of dying, su	n Part I.	24a. WAS AN PERFO	AUTOPSY RMED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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	FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEF	PARTMEN IFICATI				MENT				04030
	1. DECEDENT'S NAME (First, Middle, Last)	IABARRAS		IIICAII	LOI	DEA	i n	2, DA	REG. N TE OF DEATH 02 1		982°	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-12-2325 9a. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F	6. AGE (In yrs. last birtho	S. MONTHS	DAYS	HOURS	MIN.	7. DA (Mc	7. DATE OF BIRTH (Month, Day, Year) Dec. 5 1914 Maryland			ryland
TOR	THE JOHNS HOPK		ITAL			RE C		EATH		9e. COL	JNTY OF E	DEATH
DIRECTOR	Maryland 10b. COUNT	TY	10c.	CITY, TOWN		rion timoi	re C	ity				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3215 Monte					. ZIP COD	2	121		Un		States
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	TEVER IN U.S. ARMED YES 2 NO MAR OR DATES	13. WAS DECEMDENT OF HISPAN If yes, specify Cuban, Mexican 1 YES 2 NO Specify				an, Puerto Rican, etc.) Bi			14. RAC Blac Spec	E — American Indian, k, White, atc. White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+) Iffe. Do NO	teel V	during mo	st of working	ng	1	16b. KIND OF E	SUSINESS/IN	DUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last)		1 1100 3	CCC1 /	TOT K	_	HER'S NA	ME (Firs	t, Middle, Maid	en Sumame)		
BE	Joseph Scia	barrasi						ria		ansone		
5.	Donna M. Pelleg	rini		6 Phil					Raltir			21237
	20a. METHOD OF DISPOSITION 1 XI Burlal 2 □ Cremation 3 □ Ram 4 □ Donation 5 □ Other (Specify)		20b. PLACE AND DA	TE OF DISPOS	SITION (No	me of		D	ATE 20c.	LOCATION -	City or To	
	21. SIGNATURE OF FUNERAL SERVICE LI	Knight Milto		Jr 22.	NAME AN	ID ADDRE	SS OF FA	CILITY	Balt	imore	, Md.	. 21214 rford Road
CERTIFICATION	23. PART I. Enter the disease of shock, or heart fature. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	s. Oue TO	COR AS A CONSCOUENCE	E OF):	7 °SU(H	arto	5+				rrest,	Approximate interval Between Onset and Desth Immediate 6 1Ays 12 years.
PHYSICIAN: MEDICAL CEI	PART II. Other significant condition		death but not resulting	ng in the ur	nderiying] ceuse (given in	Part I.		N AUTOPSY ORMED?	24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF D	EATH (Ch	eck only	one)			
IYSI	1 YES 2 NO	125 Impatient 2	EN/Outpatient 3 🗆 00	-	alng Hom		aldenca	8 🗆 Ot	her (Specify)			
	1 Netural 5 Pending	(Morth, D		TIME OF INJURY M		URY AT FIKT	l NO	28d. D	EŞCRIBE HOV	INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Hamicide determined	28s. PLACE 0 building.	F INJURY — At home, far att. (Specify)	m, street, fact				261. LC	OCATION (Streety or Town, State	t and Numbe	r or Rural I	Route Number,
COMPLETED	25%. CERTIFYING PHOTO (Check doly one) 2 MEDICAL EXAMPLE		my showledge, death occurrently									s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CRITISIE	Hon Un	, (Michael	FAM		29c. LICE	D'	MBER 120	88	29d. DAT	E SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH MICHAEL F	ANGE	LMD		1115	Hop	kins	,	10501	tal		
	31. DATE FILED (MONTH), Day, Year) 2 -1 3-412	FEB 2	n Signature	Julia Da	widson	-Ran	dell		105p1			

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BALTIMORE, MARYL	ter	the	oval	10
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MINISION OF VITAL RECORDS, P.O. BOX 68760,	It is a control of a TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by it	PERMITTER. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	ed within 72 four after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	DETAILS If the marked or item 23 chaus any injury or other trainfly event the medical avaniance must be assisted as
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	1	鱼	끃	H

1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Mic	tolle, Lest) A EIIa M		ICATE OF			REG. NO.	
ELLA 4. SOCIAL SECURITY NUMBER	M. SchRot	solor ff			2	19	S. TIME OF DEATH
218-70-6631	1 □ M 2 反 F	AGE (In yrs. last birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS I	HRS. 7. DAT (Mo Sep	E OF BIRTH 10, 1904 10, 1904	8. BIRTHPLACE (State or Foreign Country) Germany
9a. EACHLITY NAME (If not institu	Memorial	Hospital	Sh. CITY, TOWN	e de	OF DEATH		COUNTY OF DEATH
10e STATE 10	Harford	10c. CIT	Abingdon	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 504 Ramblewood	Drive Ant 201		10	21009		10g	CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Mai 3 Wildowed 4 Divorced	12. WAS DECEDENT EVEN COLOR OF THE PER CIVE WAS DECEDED TO THE PER CIVE WAS DECEDE	YES 2 NO	If yes, sp	ENDENT OF H	Aaxican, Puerti	IIN? (Specify Yes or No o Rican, etc.)	usa
(Specify only hig Elementary/Secondary (0-12)	NT'S EDUCATION hest grade completed) College (1-4 or 5+)	(Give kind of v	USUAL OCCUPATION OF A CONTROL OCCUPATION OF A CONTROL OCCUPATION OF A CONTROL OCCUPATION		10	56. KIND OF BUSINES	13.77
17. FATHER'S NAME (First, Middle August Dabruck				Ann	a Breste		
Vera T. Britton		1622 De	enise Driv	e Fores		mber, City or Town, Stat Md. 21050	fe, Zip Code)
20a. METHOD OF DISPOSITION 1	icity)	PLACE AND DATE OF THE PLACE AND THE PLACE AN	Vice Corp.	Feb.21	,1992	TOWSOY	ON — City or Town, State
/	Gladden			d J. Ru		5305 Harrfor	rd Road 21214
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING		on each lina.	cicular				ry arreat, Approximate interval Betwonset and Di
CAUSE (Disease or Injury that initiated events resulting in death) LAST	oue to (or	AS A CONSEQUENCE OF	F):				
PART II. Other algnificant of	conditiona contributing to dea	th but not reaulting i	n the undarlyin	g cause give	on in Part I.	24a. WAS AN AUTO PERFORMED? 1 YES 2 N	AWAILABLE PRIOR TO
25. WAS CASE REFERRED TO MI EXAMINER? 1 ☐ YES 2 Ø NO	HOSPITAL:	Outpatient 3 7 DOA	26. Pt OTHER: 4 □ Nursing Hom		H (Check only o		
27. MANNER OF DEATH 1 Natural 5 Pens	26a. DATE OF INJU	IRY 28b. TIM	E OF 28c. INJ		28d. Di	ESCRIBE HOW INJURY	Y OCCURED
3 Suicide 8 Coul	26e. PLACE OF IN.	IURY — At home, farm, s (Specify)	treet, factory, offic			CATION (Street and Nu y or Town, State)	umber or Rural Route Number,
	NG PHYSICIAN: To the best of my I						s stated.
29b. SIGNATURE AND TITLE OF	e mp			D3	-609		DATE SIGNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PE	ASON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, D. 703 RE	Print) VOLUTIO				RACE MD 21078
31. DATE FILED (Month Day Year)	1002 32. RIGISTRAR'S	BIGNATURE				2111	2, , , , , ,

ending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
IND FILLSWAN, THE IAW TEQUINES WAS USED US DEATH OF THE OF THE OF THE OFFICE OF THE OFFICE OF THE POSPITAL OF AREADING PHYS	neral director, page 5 should be detached for uso	miner must be notified at once.
uncate be executed within 24 hours after dea	physician and completely filled in by the fur ene prior to burial, cremation, or removal.	, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
JAM. THE IAM requires that the beath cel	rificate has been signed by the attending he State Dept, of Health and Mental Hygi	or item 23 shows any injury, or of
AN AN ENDING PRINCIPLE	HI HE TO INSECTOR: After this cen within 72 hours after death with the	TANT: It item 28 is marked, o

1. DECEDENT'S NAME (First, Middle	, Leet)					2. DATE OF DEA	TH DAY	3. TIME OF DEATH		
ANNA 4. SOCIAL SECURITY NUMBER	I a nev	STOK					RY 14, 1			
220-30-3949	5. SEX 1 M 2 1 F	6. AGE (In yrs. 84		IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	oar)	BIRTHPLACE (State or Foreign Country) Virginia		
90. FACILITY NAME (If not institution MARYLAND GENE	ERAL HOSPITA	\L	1					BALTIMORE CITY		
10e. STATE 10b. C	OUNTY		10c. CITY.	TOWN OR LOCA	TION			10d. INSIDE CITY		
Maryland 10e STREET AND NUMBER				altimo	re			LIMITS?		
_ 3030 Spauld	1 d m av 2	λ	pt. 4	10	f. ZIP CODE			ZEN OF WHAT COUNTRY?		
11. MARITAL STATUS Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOEN	T EVER IN U.S.		II yes, sp	21215 CENDENT OF HISPA Decily Cuben, Mexico 3 2 XNO Specia	en, Puerto Rican, el	fy Yes or No.—	14. RACE — American Indian, Black, White, etc. Specify:		
15. DECEDENT' (Specify only highes Elementery/Secondary (0-12)	S EDUCATION t grade completed) College (1-4 or 5	+)	(Give kind of wor life. Do NOT use i	SUAL OCCUPATION done during more retired.)	ON ost of working	16b. KIND C	F BUSINESS/IND	Black		
17. FATHER'S NAME (First, Middle, La	est)		Domest	tlC	10 MOTHER	ME (Eli a Accioni	-145			
Champ Stok					Marth	AME (First, Middle, N				
19e. INFORMANT'S NAME (Type/Print	n		19b. MAILING A	OORESS (Street o	INGIUII			Codel 22004		
Martha Walke	r			rd Str				cool 23824 irginia		
21. SIGNATURE OF FUNERAL SERVI	y Harry, or complications that	M+.	Nebro	Chat	ist Chi NO AGORESS OF FA man-Har	ris F/	m. Bla 1701 H Balt	McCulloh S imore, Md 2		
23. PART I. Enter the disease	, or complications the	Mt.	Nebro	Chat:	ist Chi NO AGORESS OF FA man-Har	ris F/	m. Bla 1701 H Balt	McCulloh S imore, Md 2		
23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition	, or complications the liture. Liet only one ceus. s. PNEUMON DUE TO C.	Mt.	Mebro death. Do not ne. SEQUENCE OF): ICIENCY SEQUENCE OF):	22. NAME AI Chat:	ist Chi NO AGORESS OF FA man-Har	ris F/	m. Bla 1701 H Balt	McCulloh S imore, Md 2		
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31. DATE FILED (MONTH), Day, 1861)
FEB 2 0 1992

June Davidson-Randare

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FADIL AGAG, M.D. c/o MARYLAND GENERAL HOSPITAL

DR.

HASHIMI

821 N. Eutaw

32. REGISTRAR'S SIGNATURE

St,

Baltimore,

21201

FOR	STATE OF MARYLAN	D / DEPARTME	ENT OF HEALTH AND	MENTAL HYGIENE	92 (14698		
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		mith	TE OF DEATH	REG. NO. 2. DATE OF DEATH MONTH DAY 0 1 2 9	9 YEAR 3.	TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 20-05-0606 9e. FACILITY NAME (If not inetitation, give si	5. SEX 8. AGE (In yr.	yrs. Fun	HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-05-08		ACE (State or Foreign		
TUY HALL GO RESIDENCE OF DECEDENT	riatric Cent	cr	Balt	Sc.	Balt	. Co.		
	to County		timore			d. INSIDE CITY LIMITS? YES 2 NO		
10. STREET AND NUMBER IVY Hall Geriatri 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	S. ARMED	r 21220	NIC ORIGIN? (Specify Yes or No	US - 14. BACE -	A American Indian.		
3 Widowed 4 Divorced	FORCES? 1 YES 2		If yes, specify Cuban, Mexico	y:	Specify:	White		
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	(Give kind of work de life. Do NOT use retin	one during most of working	Homema				
John Buckler			Johan	ME (First, Middle, Maiden Surna na Elizabeth	Walter			
19a. INFORMANT'S NAME (Type/Print) Thelma Dear 20a. METHOD OF DISPOSITION	Daughter		RESS (Street and Number or Rural Apel Hill Dri	Baltimore,				
1 Buriel 2 Cremation 3 Rem. 4 Donation 5 Other (Specify) 21. SOMATURE OF EMBERAL SERVICE LIC	oval from State of ceme	etary, crematory or oth						
23. PART I. Enter the diseasea, or o	complications that caused the	22		more St, Balt		1201		
	List only one ceuse on each	nenta			,	interval Batween Onset and Death		
Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A CO	ydati	m					
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS A CO	INSEQUENCE OF):						
DART II Other standitions and distant	a contributing to death but	not reaulting in the	e underlying ceuse given in	PERFORMED	? A	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DMPLETION OF CAUSE		
			N. Falled	1 YES 2 N	Ů	F DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	nt 3 DOA 4 D	26. PLACE OF OEATH (C	6 Other (Specify)				
2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — building, stc. (Specify)	26b. TIME OF INJURY At home, farm, street	28c, INJURY AT WORK? M 1 YES 2 NO , factory, offica		CRIBE HOW INJURY OCCURED ATION (Street and Number or Rural Route Number,			
4 Homicide determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowledg			e to the cause(a) and manner of				
2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of examination an	nd/or investigation, in	29c, LICENSE NU		to the cause(e) a			
30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print		1769	2/11	110		

201 TABLE

HE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			021	THITOMIN		שבתו	11	HEG. NC			
	1. DECEDENT'S NAME (First, Mile ROBERT	ALLEN	r) .	ILLIAM	C						TIME OF DEATH
	4. SOCIAL SECURITY NUMBER								17		
	215-74-1441	1 XX M 2 □ F	6. AGE (In yrs. last bir	YRS. IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-28-1960	8. BIRTHPLACE (State or Foreign Country) Md		
	Se. FACILITY NAME (If not institu	ution, give street and number)		9b, CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						н
0 B		EDICAL CENT	ER	BAL	BALTIMORE						
2	RESIDENCE OF DECEL		TOWN OR LOCATION 10d. INSI								
DIRECTOR	Md	Db. COUNTY	ľ	Baltim		ION		J			I. INSIDE CITY LIMITS? YES 2 NO
A	10e. STREET AND NUMBER				101	. ZIP CODE				EN OF WHAT	T COUNTRY?
FUNERAL	3825 Boarman A		21215 U S					SA			
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMEI		WAS DEC	ENDENT O	F HISPANI	C ORIGIN? (Specify Ye	s or No-	14. RACE -	American Indian,
BY F	1 Never Married 2 Ma 3 Widowed 4 Divorce		I1 yea, sp 1 🗌 YES	2XXNO	Specify:	, Puerto Rican, etc.)		Specify:	Black		
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린	10 th										
ő	17. FATHER'S NAME (First, Middle	e, Last)				18, MOTH	IER'S NAN	E (First, Middle, Maider	Surname)		
BE	Ernest Lewis			Mai	ry Wil	lliams					
5	19a. INFORMANT'S NAME (Type)					oute Number, City or Tox		Code)			
	Mary Lewis			8825 Boan			Rg	ltimore, Md			
	1 D Buriel 2 Cremation 4 Donation 5 Other (Sp	3 Amovel from State	cemetery, cremate	DATE OF DISPOS OCY OF OTHER PLACE) ITUS MEMO	rial	Park			butus,		State
	21. SIGNATURE OF FUNERAL S	22.	22. NAME AND ADDRESS OF FACILITY March F/H West								
	1 al	a m	arch		430	0 Wat	oash /	Avenue			
	23. PART I. Entar tha disershock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.C.420n	OR AS A CONSEQUE	SC P				as caldide of resp	matory arre	70 1,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):										
Ş	CAUSE (Disease or injury										
Ē	that initiated events resulting in death) LAST d.										
	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS										
EDICAL	DUTUBUER				In the underlying cause given in Pen			PERFO	RMED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE
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Σ								_		1 [YES 2 NO
AN	25. WAS CASE REFERRED TO M	EDICAL									
PHYSICIAN:	EXAMINER?	HQSPITAL:	ER/Outpetient 3 🗆	OTHER	3 :			ck only one)			
ž	27. MANNER OF DEATH	28e. DATE OF		8b, TIME OF	28c. INJ		-	28d. OESCRIBE HOW	IN HERY COO	UDED	
BY PI	Notice 5 Per	(Month, D.	ay, Year)	INJURY	WO	AK?		280. OESCHIBE NOW	INJUNT OCC	UNED	
	3 Suicide 8 Cou	28a. PLACE O	F INJURY — At home, etc. (Specify)	ferm, street, fact	ory, offic			281. LOCATION (Street City or Town, State		or Rural Route	Number,
E		HIIIII O									
COMPLETED		ING PHYSICIAN: To the best of EXAMINER: On the bests of a									d manner as stated.
BE	AND THE STATE OF	CERTIFIER WILL	-	W			NSE NUME			SIGNED (Mo.	nth, Day, Year) 9 9 2
2	30. NAME AND ADDRESS OF PE	A. WO WAR	4 4		PEN	N ST	. в	ALTIMORE	. MAR	YLAN	D 21201
	31. DATE FILEO (Month, Day, Year	32. REGISTRA	R'S SIGNATURE						,		
	FEB 2 0 1992	- A Daniel									

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BALTIMORE, MARYLAND 21215-0020

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OF VI	PHYSICIAN-
DIVISION OF VITAL RECORDS, P.O. BOX 68760	PITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with
	OR
	PITAL

TOTALE FUNERAL. DIRECTIORS. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removel. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
THE FUNEYAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	if examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi
	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or ren

	1. DECEDENT'S NAME (First, Middle, L	a lempe	EYANC		epster	DATE OF BIRTH	3. TIME OF	1	
	212 05 1793	1 🗆 M 2 🏋 F	89 YRS.	MONTHS DAYS	IF UNDER 24 HRS. 7.	(Month, Gay, Year)	0. BIRTHPLACE (Stein Country) Marylan		
стоя	98. FACILITY NAME (If not institution, of 840 BA) RESIDENCE OF DECEDEN	to ANNAD	Blud		OR LOCATION OF DEATH		9c. COUNTY OF DEATH	Id	
DIRE	100. STATE 100. CO Maryland A 100. STREET AND NUMBER	unne Arundel		ry, town or loca inthicum			10d. INSIDE CITY LIMITS? 1 YES 2 XX N		
ERAL	6840 Baltimor	e & Annapolis	Blvd.	10	21090		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	R IN U.S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If A. RACE — American Ind If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: White					
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COMPL	17. FATHER'S NAME (First, Middle, Last		Superv	/ISOL	10 MOTHED'S NAME		Telephone Co.		
ш		Emile Knipp	er		Marga	ret Fore	eman		
TO B	190. INFORMANT'S NAME (Type/Print) Charlotte Gall	ion	19b. MAILING 438	Hawthorn	and Number or Rural Route ne Road Lin	o Number City or Town, anthicum, N	Stete, Zip Code) Maryland 2109	00	
	20e. METHOD OF DISPOSITION t Burlel 2 Cremetion 3 1 4 Donetion 6 Other (Specify)	Removal from State	ob. PLACE AND DATE Property, crematory or o METRO Cre	OF DISPOSITION (Na other place)	ame of		TION City or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE		Metro cre	22. NAME AL	NO ADDRESS OF FACILITY	ry	timore, Maryl	.an	
		David	1.	Coore	T Cong	Transport 7			
	23. PART I. Enter the diseases, shock, or heart fails. IMMEDIATE CAUSE (Final disease or condition resulting in death)	re, kist only one cause on	each line.	4001	Ritchie Ho	wy. Baltin cardiac or respirat	Interv	oxim	
IFICATION	IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS	each line.	4001 not enter the mo	Ritchie Ho	wy. Baltin cardiac or respirat	nore, Md. 212	oxin	
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BALTIMORE, MARYLAND 21215-0020	he law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	I has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per use Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	if examiner must be notified at once.
	24 hours aft	filled in by on, or remo	he medica
AL RECORDS, P.O. BOX 68760,	he law requires that the death certificate be executed within 2	i has been signed by the attending physician and completely filled in by the is bept; of Health and Mental Hyglene prior to burial, cremation, or removal.	m 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

92 04701 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Whittico 2. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 6-4-13 IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-18-4376 1 🗆 M 2 🂢 👍 DAYS HOURS 78 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR ST. Agnes Hospital Baltimore City 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Baltimore City 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 21229 10g. CITIZEN OF WHAT COUNTRY? 107 N. Edgewood Street U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yee, specify Cuban, Maxicen, Puerto Rican, etc.)

1 YES 2 NO. Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 84 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Mary Robert Meredith BE 190. INFORMANT'S NAME (Type/Print)
Irvina Mallory 196 MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code), 107 N. Edgewood St. Balto., MD. 21229 2 70a. METHOD OF DISPOSITION
1 □(Burlat 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Garrison Forest Vet. 4 Donation 5 Other (Specify) 2-21-92 Owingsmills, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.L.Phillips F/H 1721-27 N.Monroe retho #281 Balto., MD. 21217 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter tha mode of dying, such as cerdiec or respiratory errest, Approximsta shock, or haart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ Intracerebr led resulting in death) DUE TO (OR AS A CONSEQUENCE OF) DET PUSIC CERTIFICATION Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 TES 2 100 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) THE HOSPITAL DR AI LENUMEN STATE CONTRICATE IN THE FUNERAL DIRECTOR: After this certificate in a field within 72 hours after death with the State in Figure 18 is marked, or liter HOSPITAL: OTHER:
4 | Nursing Home | 5 | Residence | 8 | Other (Specify) 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b, TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident INJUR 5 Pending Investigation BY 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end menner ee stated. TO THE FUNERAL D be filed within 72 km IMPORTANT: If It 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) and manner ea stated, 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

.AGNES

Baltin

92

29d. DATE SIGNED (Month, Day, Year)

Caton

BOX 68760, RECORDS, P.O. DIVISION OF VITAL

2

2

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3. REDISTRAR'S SIGNATURE

t, 2, 3 should Pages 1 signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-tran Heath and Mental Hygiene prior to burlal, cremation, or removal. once. notified at must be the medical examiner traumatic event, shows any injury, or other this certificate has been with the State Dept. of 8 **Hem** marked, or TO THE FUNERAL DIRECTOR: After the filed within 72 hours after death 28 is MPORTANT: If Item

92 04702 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 92 YEAR SHEVINE 2 Luther WILLIAMS 12 8:42 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore County 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUN 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES 14. RACE - Am If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: 1 Never Married 2 A Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION ecily only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 18. MOTHER'S NAME (First, Middle, Melden Surne W BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural 2 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION - City or Town, State 4 Donation 8 C Other (Specify) 21. SIGNATURE OF FÜNERAL SERVICE LICEN Enter the diseases, shock, or heart failu cations that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximets ru. List interval Bstween IMMEDIATE CAUSE (Final Onset and Death disesse or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?
1 YES 2 NO HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 25e. PLACE OF INJURY — At home, term, etreet, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29e. CERTIFIER

Check polic

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the besie of exemination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1) CU &

TO THE FUNER be filed within IMPORTANT:	2	this	72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	2	TO THE FUNERAL DIRECTOR; After	be filed within 72 hours after death	IMPORTANT: it item 28 is marked,

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	TMENT OF I	EALTH AND	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last,	_				2. DATE OF DEATH		3. TIME OF DEATH		
	URAL	BEATTY	V	HITE		78-190		12.70 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Foreign		
	215 10 3918	1 - M 2 - F	78 YRS.	MONTHS DAYS	HOURS MIN	(Month, Day, Year) 615191		Country)		
	9a. FACILITY NAME (If not institution, give	9c. COUNTY	Y OF DEATH							
RECTOR	GREATER BALTIMORE MEDICAL CENTER TOWSON BALTI									
DIRE		TIMORE C		10d. INSIDE CITY LUMITS? 1 YES 2 NO						
AL	10e. STREET AND NUMBER		TOTAL CONTRACTOR OF THE PARTY O		SON L ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
ᄪ	307 C CHARLES	ST AVEN	0.10		2120	7/1	AZII			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HIS	PANIC ORIGIN? (Specify Y	a or No — 14.	RACE — American Indian.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	If yes, sp	ecify Cuban, Mex	ican, Puarlo Rican, atc.)		Black, White, atc. Specify:		
								WHITE		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPATION	ON est of working	16b. KIND OF BI	JSINESS/INDUST			
Ë	Elementary/Secondary (0-12)	College (1-4 or 5 +		e retired.)	or or worting	C				
₹	17					SECRET	ARY			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle, Maide	Sumame)			
BE	LHOMAS DUNCAN	BEATTY			MARG	ARET ADALAT	D CAMPE	R. I I		
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
-	JEAN RUPERT		303 1	CHARL	ES STRE	ET AVE, TOWS	ON, MD	21204		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ran 4 DyDonation 5 Other (Specify)	noval from State	20b. PLACE AND DATE of cemetary, crematory or of	OF DISPOSITION (Na ther place)			OCATION City	or Town, State		
	21. SIGNATURE OF JUNERAL SERVICE LI	CENSEE D	n Hann Dan	22. NAME A	ID ADDRESS OF	FACILITY O				
	0 11	MUNAL	D WADE, DIR			STATE	ANATOMY	EOARD		
	Vimmed 1	wee	-2/17/92	655 W	BALTI	MODE ST. BO	OM OT H	21201		
	23. PART I. Enter the diseases, Dr shock, Dr heart fallure.	Complications that List only one cau	caused the death. Do not be on each line.	ot antar the mo	de of dying, se	ich as cardiac or reac	elratory arreat,			
	IMMEDIATE CAUSE (Final			0				Interval Between Onset and Death		
	disease or condition resulting in death)	. DIBI	ASILAR OR AS A CONSEQUENCE OF	INEU	MONI	A		14 DAVS		
		DUE TO	OR AS A CONSEQUENCE OF):				1.2/1/		
Z	Sequantially list conditions,	o CEN	OR AS A CONSEQUENCE OF	VASC	ULA	R DIS	EAG	E		
Ĕ	If any, leading to immediate	DUE TO	OR AS A CONSEQUENCE OF):		-				
CERTIFICATION	CAUSE (Disease or Injury	a 1+.)	C. V. I),						
1	that initiated events reaulting in death) LAST	DUE TO	OR AS A CONSEQUENCE OF):						
H		d								
AL C	PART II. Other eignificant condition	ns contributing to	death but not resulting i	n the underlying	Causa alven i	n Part I. 24a. WAS AF	Alimney	DAL MEDE AUTODON SWEETE		
S				the underlying	oudse givan	PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC						1 TES	2 (DAO	COMPLETION OF CAUSE DF DEATH?		
								1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									
2	EXAMINER?	HOSPITAL:	/	28. PL	ACE OF DEATH (Check only one)				
₹ I	1 YES 2 NO		ER/Outpatient 3 DOA		_	8 Other (Specify)				
	1 Natural 5 Pending	28a. DATE OF (Month, Da	NJURY 28b. TIMI y, Year) INJ	JRY WO	RK?	28d. DESCRIBE HOW	INJURY OCCURE	0		
B	2 Accident Investigation				ES 2 NO					
8	3 Suicide 8 Could not be	28a. PLACE OF building, a	INJURY - At home, farm, atc. (Specify)	treet, tectory, office		28t. LOCATION (Street and Number or Flural Route Number, City or Town, State)				
	4 Homicide determined	-								
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of I	ny knowledge, death occurre	d at the time, data	and place, and de	us to the cause(s) and ma	nner as stated.			
No.	one) 2 MEDICAL EXAMINE	R: On the beals of ax	imination and/or investigation	ı, in my opinion, de	eth occured at th	e time, data and place, as	nd due to the cau	se(s) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE N					
BE	Henri Tol	oost	d Mind		7) 110	611	AND. DATE SIG	NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	-/	Print)	0110	7	4	10192		
	DR WYDDCIAD	70				m 01004				
	31. DATE FILED PAPER DON CONT. 100	32. REQESTRAF	OO OSI FR DRI	-	MOSMC	MD 21204				
	FEB 20 199	2 Julia	Javidson-Randal	-1						
			- Mandal	4						

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25 of 45.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

	1. DECEDENT'S NAME (First, Middle,	AVERY MA	ARION D	. AVE	RY				2. DATE OF DEATH MONTH	DAY	YEAR 42	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 577-22-2318	5. SEX 1	8. AGE (In yrs. In 72	YRS.	IF UNDER	DAYS		MIN.	7. DATE OF BIRTH (Month, Day, Year) JUNE 17,1	919	Country)	LACE (State or Foreign YLVANIA		
TOR	SUBURBAN HOSPI RESIDENCE OF DECEDEN	TAL					IESDA	OF DEA	TH		IONTGO			
DIRECTOR		MONTGOMERY		10c. CIT	Y, TOWN							IOd. INSIDE CITY LIMITS?		
FUNERAL	10e. STREET AND NUMBER	9100 E. PARKHILL DRIVE					BETHESDA 101. ZIP CODE				TIZEN OF WH	I YES 2 NO		
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried					2 NO If yes, specify Cuben, Mexican,				US e or No-	14. RACE - Black, Specify.			
ETED	15. DECEDENT'S	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)			16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				16b. KIND OF BU	JSINESS/IN	WHIT	E		
COMPL	17. FATHER'S NAME (First, Middle, La.	17. FATHER'S NAME (First, Middle, Last)			HOMEMAKER 18. MOTHER'S NAME (First			E (First, Middle, Maider	Surneme)					
BE	JOHN J. DUNLEAVY MARGARET M. HARRINGTON 196. INFORMANT'S NAME (Type/Print) 195. MAILING ADDRESS (Street and Number or Rural Acute Number, City or Town, State, Zip Code)													
10	WILLIAM M. AVE		ND)	100	E. P.	ARKH	ILL DI		BETHESI	DA, MD				
1 M Burlet 2 Cremation 3 Removal from State 4 Donetton 3 Other (Specify) 21. BIGNATURE OF PUNERAL BETYICE CENTRE 1 M Burlet 2 Cremation or other place) GATE OF HEAVEN CEMETERY 2 12. NAME AND ADDRESS OF FACILITY								2/6 SILV	ER S	PRING	MARYLAND			
22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNE 500 UNIVERSITY BLVD., W. 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or responded to the cause on each line.										SIL	.SPR.			
	shock, or heert fel iMMEDIATE CAUSE (Finel disesse or condition resulting in deeth)	BRAM	J DEA	TH		the mo	de of dying	, auch :	ss cardiec or resp	iratory sr	reat,	Approximate Interval Between Onset and Deatl		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	CAR DI ANTER	OR AS A CONSE	PRESOURNCE OF	Myc	CAG	20 IA1	-11	UFARCT	10N				
N: MEDICAL C	PART II. Other significant cond ASPIRATION OAT CELL O VENA CAVALS	ARCINOME YNDROME	A OFT	THE (TOPE	LUA NIA	derlying ORY JG- PN	FAL SPSU	on in Pa LUF IPER	24a. WAS AN PERFOI	RMEO?	C	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 ☐ YES 2 NO			DOA	OTHER	:	ACE OF DEAT		Other (Specify)					
у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigat	28e. DATE OF (Month, Da		28b. TIM		28c. INJU		2	Sd. OESCRIBE HOW I	NJURY OC	CURED			
ETED B	2 Accident Investigation 3 Suicide 8 Could not be determined 26e. PLACE OF INJURY — At he building, etc. (Specify)				street, fect	ory, office	•	2	8f. LOCATION (Street City or Town, Stete)	end Number	r or Rural Rou	te Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING F	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										nd manner ea stated.		
TO BE	296 HOSATURE AND TITLE OF CER	, MD					29c. LICENS 026	57	1 MD	29d. DAT	E SIGNED (M	onth, Day, Year)		
	30, NAME AND ADDRESS OF PERSON	EUS, MO	5413	M 27) (Type,	Prine) DAR	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
	FFB - 7 1992	41 (32 1995)		_							. /	- /		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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All the second s

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examiner

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

IMMEDIATE CAUSE (Final

resulting in death)

disease or condition

SIGNATURE AND TITLE OF CERTIFIER

'92

ahock, or heart failure. List only one cause on each lina.

	afte	y th	TOVE	cai
	OULS	d in	or re	med
ı	74 n	r fillex	ion,	the
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical
	ted y	COM	ial, c	64
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	pe	cian	ior to	Lan
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	FOR STATE REGISTRAR		STATE OF N	MARYLA					IEALTH DEAT			YGIENI EG. NO.	E			
	1. OECEDENT'S NAME (First, MYRTLE AN)		W								2. DATE OF I	DA		YEAR 992	3. TIME OF OEAT	н Р м
	4. SOCIAL SECURITY NUME 228-68-066		5. SEX 6. AGE		yrs. last	birthday) YRS.	MONTHS DAY		IF UNDER	AAIN!	(Month, Da	ATE OF BIRTH Month, Day, Year) LY 24, 1947		6. BIRTHPLACE (State or Fore Country) 7 Virginia		reign
	Sa. FACILITY NAME (If not institution, give street and number)						9b. CITY	, TOWN	OR LOCATI	ON OF DE	HTA		9c. COU	NTY OF D	DEATH	
ECIOR	NIH, THE CLINICAL CENTER						BE	THES	DA				MON	TGOM	ERY	
DIREC	100. STATE MARYLAND	10b. COUNTY					y, town o		TION						10d. INSIDE CITY LIMITS? 1 XYES 2	NO
EHALL	10e. STREET AND NUMBER							10	. ZIP COD				10g. CIT	IZEN OF V	WHAT COUNTRY?	
	4536 KINMOUNT ROAD						20706				USA					
OMPLETED BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced				S 2 NO If yes, spe			DECENDENT OF HISPANIC ORIGIN? (Specify Yea s, specify Cuben, Mexicen, Puerto Rican, etc.) YES 2 NO Specify:			a or No- 14. RACE — American Indien, Black, Whita, atc. Specity: BLACK			en,		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 College (1-4 or 6+)				16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Postal Clerk				ng	Federal Government						
BE CON	17. FATHER'S NAME (First, Middle, Lest) Jacob Lawrence Motley										ME (First, Midd. Crews	le, Maiden	Sumame)			
10	19a. INFORMANT'S NAME (I		(HUS	BAND)							Route Number, (
						PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Tow Danville, Vi										

Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service, Inc.

7400 Georgia Ave. N.W. Washington

EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Ainpatient 2 ER/Outpatient 3	□ DOA 4 □ Nu	R: rsing Home 6 - Residence	6 ☐ Other (Specify)
MANNER OF DEATH Netural 5 Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
Suicide 6 Could not be determined	28e. PLACE OF INJURY — At her building, etc. (Specify)	me, farm, street, fac	ctory, office	26f. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and menner ea stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and menner ea stated.

23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest,

Metastatic Breast Cancer

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.

29c. LICENSE NUMBER

Sea Book		▶ Feb. 7,
O. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)	
Juan OR Banky MD.	000 ROCKVILLE PIKE, BETHESDA,	MD 20892

DHMH-18 Rev 1/89

29d. DATE SIONED (Month, Day, Year)

1992

20012

Approximate

Interval Betwe Onset and Death

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF DE	ATH	REG. NO.		
	1. DECEDENT'S HAME (First, Middle, Las HOWARD	DARWIN	BISHOP		MO	TE OF DEATH	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY HUMBER	5. SEX 6. A				. 4, 1992		5:05 A M
	071-18-5834	1 M 2 D F	70 YRS.	ONTHS DAYS HOU	PIS MIN. (MI	re OF BIRTH brith, Day, Year) . 2, 1921	8. BIRTH Countr NEW	.,
DIRECTOR	9a. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10005 SUTHERLAND ROAD RESIDENCE OF DECEDENT MONTGOME.							
EC	10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY
	MARYLAND MO 100. STREET AND HUMBER	NTGOMERY	S	ILVER SPR		100	CITIZEN OF I	LIMITS? 1 YES 2 NO WHAT COUNTRY?
FUNERAL	10005 SUTHERLAND			20901			USA	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 NO	13. WAS DECENOED If yes, specify (Juban, Maxican, Puerl	GIN? (Specify Yea or Ho- o Rican, atc.)	- 14. RACE Black Speci WHI	·
ETED	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	UAL OCCUPATION	- 1	6b. KIHD OF BUSINESS		I.E.
COMPLET	(Specify only highest grades) Elementary/Secondary (0-12) 10	College (1-4 or 5+)	HOSPITAL	k done during most of westred.)	orking			
8	17. FATHER'S NAME (First, Middle, Last)		INODITIAL		ACTIVED IS NAME (FI	t, Middle, Maiden Surnam		
	DARWIN H. BISHO)P		13.0			10)	
BE	19a. INFORMANT'S HAME (Type/Print)	71	19b. MAILING AG			DALTON mber, City or Town, State,	7	
2	FRANCES A. BISHO	(WIFE)						
	20% METHOD OF DISPOSITION		20b. PLACE AHD DATE OF	SUTHERLANI				RYLAND 2090
	1 Buriel 2 Cremetion 3 Rail 4 Donation 5 Other (Specify)	noval from State	cemetery, crematory or other	placel		TE 20c. LOCATION		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	ARLINGTON 1		2/	6 ARLINGT	ON, V	IRGINIA
	Lunthus	9 Punto	110	FRANCIS 3	DRESS OF FACILITY J. COLLIN	S FUNERAL	HOME,	INC.
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	HEXIA. AS A CONSEQUENCE OF):					Interval Between Onset and Death
CERTIFI	that initiated events resulting in dasth) LAST	OUE TO (OR A	AS A CONSEQUENCE OF):					
	PART II. Other significant condition	ns contributing to deat	h but not resulting in t	ha underlying caus	e given in Part i.	24a. WAS AN AUTOPS	SY 24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
A N	25. WAS CASE REFERRED TO MEDICAL							
ᅙ	EXAMINER?	HOSPITAL:	0	Z6. PLACE O	F DEATH (Check only	one)		
Ž.	1 TYES 2 NO	1 Inpetient 2 ER/C		Hursing Home 5		ner (Specify)		
BY Pt	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Yee		F 28c. INJURY AT WORK? M 1 YES	-	EŞCRIBE HOW INJURY	DCCURED	
	3 Suicide a Could not be detarmined	26a. PLACE OF INJU building, etc. (S	JRY — At home, farm, stree Specify)	et, fectory, office	28f. LC	CATIOH (Street and Num y or Town, State)	ber or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the beat of my kr ER: On the beals of axamina	nowledge, death occurred a	t the time, date end pt n my opinion, death oc	ace, and due to the c	euse(e) and manner ee it	stated. o the cause(e)	and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE Mar Tha	Sudeli	Mos	D	JCENSE NUMBER	29d. C		(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WILL	10301 GEORG				MARVIAND	20003	, -
	31. DATE FILED (Month, Day, Year)	32 REGISTINAS S	GNATURE	204 BITA	TV DIVING	, FLAKI LAND	20902	
	FEB 7 '92	grina David	GNATURE					

3. TIME OF DEATH

11158

10d. INSIDE CITY

1 TYES XX NO

White

20705

Interval Between

24b. WERE AUTOPSY FINDINGS

DF DEATH? 1 - YES 2 (XNO

29d. DATE SIGNED (Month, Day, Year)

AVAILABLE PRIOR TO COMPLETION OF CAUSE

Onset and Death

FOR STATE REGISTRAR

OR ATTENDING PHYSICIAN: HOSPITAL 표 223

BE

2

1

29b. SIGNAT DIVE AND TITLE OF CERTIFIER

Stepken

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MATGARET BALINOVIC 92 5. SEX 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 3-4-1921 HOURS 1 M 2 XX 579-12-4864 70 Pennsylvania YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Prince Georges Beltsville 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20705 10908 Montgomery Road United States burial-transit nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 Wildowed 4 Divorced page 5 should be detached for use as the COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12 years Housewife notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Andrew Burless Unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 same as #10 Michaelene Balinovic be 20a. METHOD OF DISPOSITION
1 Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State OATE must filled in by the funeral director, on, or removal. of cemetary, crematory or other place)
Fort Lincoln Cemetery 2/8/92 Brentwood, Maryland the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Md. 23. PART I, Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory srrest, shock, or haert feilure. Liet only one cause on sech line. cremation, or Congestine heart diseesa or condition resulting in death) been signed by the attending physician and completely it, of Health and Mental Hygiene prior to burial, crematic requires that the death certificate be executed within event. DUE TO (OR AS A CONSEQUENCE OF): atherosclerotic traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST injury. 24a. WAS AN AUTOPSY PERFORMEO? PART II. Other significant conditions contributing to death but net recuiting in the underlying cause given in Part I. MEDICAL Rena shows any 1 TES 2 NO PHYSICIAN: State Dept. The law I 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) certificate h HOSPITAL:
1 Kinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO g Home 5 🗆 Residence 8 🗆 Other (Specify) 4 🗆 Nu 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED marked, this c Natural 2 (Accident 5 Pending Investigati 1 TES 2 THO BY After 1 28e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide TO THE FUNERAL DIRECTOR: A be filed within 72 hours after de IMPORTANT: If Item 28 is 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

mo

REGISTRAR'S SIGNATURE

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

accare336

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

6240 Montroic Rel

29c. LICENSE NUMBER

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detacheral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rouns after death. Page 6 may be retained by the hos

	REGISTRAR		CERTIF	ICALE OF	DEATH	REG. NO	0.	
	1. DECEDENT'S NAME (First, MIDDING, LIST) ALICE EMMA	ALL LAG	E. BECKMA	IN		2. DATE OF DEATH	DAY YE	3. TIME OF DEATH 2 4:35 p m
	4. SOCIAL SECURITY NUMBER 550 - 44-7920	5. SEX 6. AGE	(In yrs. lest birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) ENNSYLVANIA
_	Sa. FACILITY NAME (If not institution, give		b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
DIRECTOR	HOW LYOSS	# Hospital		Silver	er Sporing montgom			
SEC	10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOCA	TION	V		10d. INSIDE CITY
	MD- MOI	NTGOMERY		SILV	ER SPRIN	G		LIMITS?
IAL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1728 DUBLIN DRIV				2090	2		USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR DR D	2 KT NO	If yes, s	ENDENT OF HISPA ecify Cuban, Maxic 2 ND Spec	NIC ORIGIN? (Specify Young, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify:
	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed	16a. DECEDENT'S	USUAL OCCUPATI	DN	16b. KIND OF BU	JSINESS/INDUST	HITE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEM		ist of working			
Š	17. FATNER'S NAME (First, Middle, Last)		HOTTLE	шш	18. MOTNER'S N	AME (First, Middle, Maider	Sumama)	
BE	HARLAN O. MOCK					GETTE O'HA		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rura	Route Number, City or Tox	wn, State, Zip Coo	le)
	JOHN J. BECKMAN	(HUSBAND) 1728	DUBLIN I	DRIVE S	ILVER SPRI	NG, MARY	LAND 20902
	20a. METHOD DF DISPOSITION Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	toval from State cen	PLACE AND DATE of the terry, cremetory or o	ther place)			OCATION — City	
	21. SIGNATURE ON FUNERAL SERVICE LI	CENSEE	ATE OF H		METERY O ADDRESS OF F	2/1 SIL	VER SPR	ING, MARYLAND
	. 60m D6	Cul		FRANC	S J. CO	LLINS FUNE		E, INC. R.,MD. 20901
	IMMEDIATE CAUSE (Finel	a. Cardrac DUE TO (DR AS	Arvest	not enter the mo	de of dying, su	ch es cerdiac or resp	elratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentisliy list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	b. WO SEPSE DUE TO (OR AS A C. ACUJE CY DUE TO (OR AS A d. IND WILL S		7:	heter			4 days
- 11	PART II. Other significant condition		1	1		Part I. 24a, WAS AN	AUTOROU I	
PHYSICIAN: MEDICAL	Status port CV	A, Rt Lami	pligia	+ Ar	hista	PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
NA.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C)	neck only one)		- 1
	1 YES 2 NO	HOSPITAL:	etlent 3 🗆 DOA	OTHER:				
BY PH								D
3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, term, street, tectory, office 28s. PLACE OF INJURY — At home, term, street, tectory, office City or Town, State)							ıral Route Number,	
COMPLE	29e. CERTIFIER (Check only one) 2	CIAN: To the best of my knowler: On the basis of examination	edge, death occurre	d at the time, data	and place, and due	to the cause(s) and ma-	nner se stated.	ise(a) and manner as stated.
10 BE	296. SIGNATURE AND TITLE OF CERTIFIES Peter S- 30 30. NAME AND ADDRESS OF PERSON WIN	rle, MD.			29c. LICENSE NUI	60	29d. DATE/SIG	NED (Month, Day, Year)
	16829 Yeargi	C AVENUE	ITN (ITEM 27) (Type,	er Sp	ing,	MD 209	02	
	FFB 4 '92	1. N. 1909 de 1	MANOR					

Mary Marie of

	PO	SEDIT	TH S.	BOWK	e D				MC	ATE OF DEAT	DAY	YEAR	TIME OF DEATH																												
	4. SOCIAL SECURITY NUM		5. SEX		LK yrs. lest birthday)) IS IMPOS	A 1 YEAR	IF UNDER		EB.		992	8:00 A																												
	549-46-8	411	1 🗆 M 2 😾 F	77	YRS.	MONTHS	DAYS	HOURS	MIN. (N	lonth, Day, Yes		Country)	ACE (State or Foreign																												
	9a. FACILITY NAME (If not in				CTR.	9b. CIT	Y, TOWN C	OR LOCATIO	N OF DEATH	MIN . 3C		TY OF DEA																													
CTOR	COLLING!	TON E	EPISCOPA	L LI			MIT	CHEL	LVILL	Ð	PRI	INCE	GEORGE																												
5	RESIDENCE OF DEC	10b. COUN	TY		100 00	TY, TOWN	08 1 0047	TIDA!																																	
DIRE	MD.	PRI	INCE GEO	RGES	100.01			LLVI	LLE				DI. INSIDE CITY LIMITS? YES 2 ND																												
AL	10e. STREET AND NUMBER							. ZIP CODE			10g. CITIZE		AT COUNTRY?																												
FUNER		LOTTS	FORD RE). #1	117			207	21		τ	J.S.	Α.																												
BY	11. MARITAL STATUS 1 Never Married 2 🔀 3 Wildowed 4 Divo	_	12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 X NO	13.	If yes, sp	ENDENT OF	F HISPANIC OR I, Mexican, Pue Specify:	IGIN? (Specifi rto Rican, etc.	y Yea or No— 1	14. RACE Black, V Specify:	American Indian, white, etc.																												
E	15, DEC	CEDENT'S ED	UCATION to completed)	- 1	8a. DECEDENT'S (Give kind of	S USUAL O	CCUPATIO	ON .		16b. KIND OF	BUSINESS/INDU	STRY	WILLIA																												
LET	Elementary/Secondary (0	A	College (1-4 or 5	i+)	IIIe. Do NOT L	use retired.)			, l																																
COMPL	17. FATHER'S NAME (First, M		5+		RET	- PR	OFE				IVERSI	TY																													
_	GEORGE		TERS ST	IGREAV	me			18. MOTH	ER'S NAME (Fir																																
BE	19a. INFORMANT'S NAME (1		TEIR OT.	TOTAL	7	C ACOPES	D (Otmort o	and Altron by an	DIA		EPLER																														
5	ALBERT		BOWKER		SAM		AS	ITE			lown, State, ZIP C	2000)																													
	20e. METHOD OF DISPOSIT			20b. P	LACE AND DATE	OF DISPO					LOCATION - CI	ty or Town	Stata																												
	4 Donation 5 Other		moval from State	- cemete	HAMBER	RS C	REMA	TOR	Y 2/3	1	RIVERD																														
	21. SIGNATURE OF FUNERA	AL SERVICE L	ICENSEE	1					S OF FACILITY																																
	2/19	-11	ambles	(W)									2073																												
	22 DART I Cotes the d			The state of the s	MOOC	91 1	W. V	V. CI	HAMBEI	RS CO	. RIV	ERD	ALE. MI																												
	immediate cause (Fir	eert tallure.	complications the	use on eec	ha death. Do h iine.	not antai	the mo	da of dylr	ng, such es d	erdiec or r	aspiratory arres	81,	Approximata Interval Betw Onset and D																												
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CAL	immediate Cause (Fir disease or condition resulting in daeth) Sequentially list conditi if any, leading to immeceuse. Enter UNDERLY! CAUSE (Disease or input that initiated events resulting in daeth) LAS	Rions, dilata ING	a	SEVA O (OR AS A C A N O (OR AS A C C O	ha death. Do h line. 2 M C ONSEDUENCE D T-R R O M ONSEOUENCE D ONSEOUENCE D	COPP:	r the mo	da of dylr >tiv myc 2Ter	e He	PER JANGE 248. WAS PER	FAILUR FAILUR FAILUR FAILUR FAILUR SANAUTOPSY	24b. WI	Approximata Interval Betwonset and D I Owel I																												
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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M. VENUE 31. OATE FILEO (Month, Day, Year) FFR 5 92

	FOR 1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF H		ENTAL HYGIEN REG. NO	E 9	2 04710	
	1. DECEDENT'S HAME (First, Middle, Last, S'ADIE	BARAC				2. DATE OF DEATH MONTH	9	year 530 A m	
	4. SOCIAL SECURITY HUMBER 081-07-0909	1 □ M 2 🔀 F	97 YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morth, Dey, Year) 1/15/1895		BIRTHPLACE (State or Foreign Country) Austria	
TOR	9a. FACILITY HAME (If not institution, give Hebrew Home of (RESIDENCE OF DECEDENT		ington	Rockvi	DR LOCATION OF DEAT	TH		y of DEATH tgomery	
DIRECTOR		gomery		y, town on Locat lver Spr				10d, INSIDE CITY LIMITS? 1 YES 2 X HO	
BY FUNERAL	13009 Flack Stre				20906		Unite	n of what country?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 V NO	If yes, sp	EHDEHT OF HISPANIC ecity Cuban, Maxican, 2 1 HO Specify:	ORIGIN? (Specify Yes Puarto Rican, stc.)	or Ho 14	6. RACE — American Indian, Black, Whita, stc. Specify: White	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	UCATIOH fe completed) College (1-4 or 5+)		USUAL OCCUPATIO work done during mo- se retired.)		16b. KIHD OF BUS	SIHESS/INDUS		
MP	8		Homemal	ker		Home			
00	17. FATHER'S HAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Maiden	Surname)		
BE	Jacob Engel					available			
0	19a. INFORMANT'S HAME (Type/Print)	,			nd Number or Rural Rou				
	Samuel Wasserman				treet, Si	lver Spri	ng, MI	20906	
	1 Burial 2 XCremation 3 Rer 4 Donation 5 Other (Specify)	novet from State	one of the control of	of oisposition (Na ther piece) rt Cremai	me of tory			y or Town, Stata La, Virginia	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	re	Danzai	nsky-Goldi	berg Memo	rial (Chapels, Inc. Le, MD 20852	
	23. PART i. Enter the diseases, or	complications that caus	sed the death. Do n	not enter the mo	de of dying, such a	a cerdiac or reapi	ratory arrea	t, Approximata	
	iMMEDIATE CAUSE (Fine)	List only one cause on	each line.	-				Interval Batween Onset and Death	
	disease or condition reaulting in death)	. KESPIA	RATORY	1 FA	HURF	ne.			
		DUE TO (OR A	S A CONSEQUENCE OF						
Z	Sequentially list conditions,	a CONGI	STIVE	HE	ART F	-AILUP	F		
CERTIFICATION	If any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):					
2	cause. Enter UNDERLYING CAUSE (Disease or Injury								
Ë	that initiated eventa resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF	7):					
SE		d							
	PART II. Other algnificent condition	ns contributing to deeth	but not resulting i	n the underlying	ceuse given in Pa	rt i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
MEDICAL	ATHEROSCLE	=COTIC	HEART	DISE	EAST.	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	DIABETES	MELL17	-US					OF DEATH?	
						-			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Check	only one)			
YSI	1 TYES 2 NO	1 Inputient 2 I ER/O	utpatient 3 🗆 ODA	OTHER:	5 🗆 Residence 6	Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF IHJUR (Month, Day, Year		E OF 28c. IHJU URY WOR M 1 7	RK?	Bd. DESCRIBE HOW IN	JURY OCCUR	RED	
	3 Suicide 6 Could not be detarmined	28e. PLACE OF IHJU building, atc. (S)	RY — Al home, farm, s pecify)	treet, factory, office	20	Bt. LOCATION (Street a City or Town, State)	nd Number or I	Rurel Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYS	ER: On the best of my kno	owledge, death occurre	od at the time, data	and place, and due to	the cause(s) and man	ner as stated.	suse(s) and manner as stated.	
BE CC			DHI	CAN					
	296. SIGNATURE AND TITLE OF CERTIFIER PHYSICIAN D35791 29d. DATE SIGNED (Martin, Bay, Year) 29d. DATE SIGNED (Martin, Bay, Year)								
5	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	1)	CUILLE	2	7777	

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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIE		04711
	1. DECEDENT'S NAME (First, Middle, La					2. DATE OF DEATH		3. TIME OF DEATH
		Elizabeth	Burke			Feb. 7	, 1992	11:00 A M
	4. SOCIAL SECURITY NUMBER 579-30-2364	5. SEX 6. AGE (In yrs. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Nov. 25,		B. BIRTHPLACE (State or Foreign Country) Wash., D.C.
-	9a. FACILITY NAME (If not institution, gi			9b. CITY, TOWH	OR LOCATION OF			Y OF DEATH
PO.	Sacred Heart H		110	Hyatts	ville		Pri	nce George's
DIRECTOR	10a. STATE 10b. COU			, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	negomery	Cite	vy Chas	f. ZIP CODE		Lan- OITITE	1 YES 2 NO
FUNERAL	113 Summerfield	Road			20815			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE		NIC ORIGIN? (Specify)		S.A. 4. RACE — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, s	S 2 X NO Spec	an, Puerto Rican, etc.)		Specify: White
COMPLETED	15, OECEDENT'S E (Specify only highest gr	ade completed)	16a. DECEOENT'S I	USUAL OCCUPATI rork done during m	ON ost of working	16b. KIND OF B	USINESS/INDU	STRY
IPLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 3+	Nurse	rearea.)		Medic	ino	
SON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maide		
BE (James Joseph O	'Donnell			Cather	rine M. Lo	no	
TO E	19a. INFORMANT'S NAME (Type/Print)		196, MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	own, State, Zip C	ode)
-	Julia M. O'Don		5805	Queens	Chapel H	Rd., Hyatt	sville	MD 20084
	20a METHOD OF DISPOSITION 1 Surial 2 Cremation 3 R 4 Donation 5 Other (Specify)	amoval from Stata	PLACEAND DATEO	F DISPOSITION /N	ame of	OATE 20c. L	OCATION — CI	ly or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	02210	22. NAME A	NO ADDRESS OF F			con DC
	1/michael	len.D.				's Sons, n Ave,NW,		
CERTIFICATION	Sequentisily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	S. CONDICTO OR AS A OUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF		Arres, seq se	/-		Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other eignificent conditions Dementio Hip fracte	re	it not resulting in	n tha underlyin	g cause given in		ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	ACE OF DEATH (C	neck only one)		
₹	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Output 28a. DATE OF INJURY	itlent 3 DOA	4 Wursing Hon		8 Other (Specify)		
BY PI	Natural 5 Pending Investigatio	(Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED
	3 Suicide 8 Could not 8 detarmined	reel, factory, offic	el, factory, office 28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State)					
COMPLETED		YSICIAN: To the best of my knowled						
BE	29b. SIGNATURE AND TITLE OF CERTIF	TIER			29c, LICENSE NU	MBER	29d. DATE S	IIGNED (Mgnth, Day, Year)
2	30. NAME AND ADDRESS OF PERCON	WHO COMPLETED CAUSE OF DE	TM /ITEM OF /Y-	Orient CITY	<i>U37</i>	734	2	17/42
	30. NAME AND ADDRESS OF PERSON I	1113,10	2000	reense	A Ctr	FOGLIO, M	D. 345	enbelt 1D
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be die be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF I	EALTH AND		IE .	2 04712				
	1. DECEDENT'S NAME (First, Middle, Last) Pauline	Barl		CATE OF	DEATH	2. DATE OF DEATH MONTH 2	3. TIME OF DEATH					
BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 578 62 0422	1 🗆 M 2 🖔 F	93 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Aug. 21, 18	00	BIRTNPLACE (State or Foreign Country) LueEarth, MN				
	9a. FACILITY NAME (# not Institution, give Bethesda Nursir				Chase	EATH	9c. COUNT	y of DEATH				
	10a. STATE 10b. COUNT MD MON		10c. CITY,	TOWN OR LOCAL	y Chase							
	10e. STREET AND NUMBER 8700 Jon	es Mill Road		10	20815		1	N OF WHAT COUNTRY?				
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF NISPA ecity Cuban, Maxic 2 X NO Speci	INIC ORIGIN? (Specify Yean, Puerto Rican, etc.)		I. RACE — American Indian, Black, White, atc. Specify: White				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION s completed) College (1-4 or 5+) 5+	18a. DECEDENT'S U (Give kind of wo life. Do NOT use Teache	ork done during mo retired.)	ON st of working		16b. KIND OF BUSINESS/INDUSTRY					
	17. FATNER'S NAME (First, Middle, Lest) Arthur Buswe		Teache			AME (First, Middle, Maiden	Surname)	1				
TO BE	19a. INFORMANT'S NAME (Type/Print) Robert H. Barker			MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 16 South 9th Street Arlington, Va. 22204								
	20s. METNOD OF DISPOSITION 1 Surial 2 X Cremetion 3 Removal from State 4 Donalion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of campetery, cremetory or other place) Mount Comfort Cemetery 2/10/92 Alexandria, Va.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Anistura L. Kapash Jos. Gawlers Sons 5130 WI Avenw Wash, D.C.											
	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Cere	hal Ti			ch as cardiec or reap	iratory scres	t, Approximate Interval Betwee Onset and Deal				
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 PRO 1											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 DO	EXAMINER? HOSPITAL: OTHER										
BY PHYS	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	ED										
	3 Suicide a Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, atro- licity)	eet, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or i	Rural Route Number,				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNYSI one) 2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the bests of examination	viedge, death occurred on and/or investigation,	at the time, date in my opinion, de	and place, and due	to the cause(a) end mar lime, data and place, an	ner as stated. d due to the co	euse(s) and menner as stated.				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED	Jelon V			29c, LICENSE NUN	1874	29d. DATE SI	GNED (Month, Day, Year) 2/8/92				
	30. NAME AND ADDRESS OF PERSON WH Dr. Frank J. Fed	or 4201 Cat	thedral Av	e. N.W.	Do4/ Washing	gton D.C. 2	20016					

A REGISTRAR'S SIGNATURES

31. DATE FILED (Mornth, Day, Year)
FEB 11 '92

s of

3. TIME OF DEATH

7:13 8. BIRTHPLACE (State or Foreign Maryland

10d. INSIDE CITY

1 YES 2 NO

Gaithersburg

1. DECEDENT'S NAME (F	irst, Middle, Last)							2. DATE OF DEAT				3. T
Luther	Southern Bu	itt						Februar	DAY 6	10	YEAR	,
4. SOCIAL SECURITY NU		B. AGE (In yrs.	last birthday)	IF UNDER	T YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			8. BIRTH	IPLAC
218-30-39	70 1- M 2	□ F 72	YRS.	MONTHS	DAYB	HOURS	MIN.	July 13.	191	19	Count	rv]
Be, FACILITY NAME (# no	9b. CITY	, TOWN	OR LOCATI	ON OF D				NTY OF D	4			
20409 Rem	Gaithersburg						Montgo					
IOe. STATE	10b. COUNTY		100 CH	V TOWN	20 1 004	TACAL	_		_			

DIRECTOR Maryland . Montgomery FUNERAL 10e. STREET AND NUMBER 20409 Remsbury Place 11. MARITAL STATUS 1 Never Merried 2 K Merried BY 3 Widowed 4 Divorced

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 16e. DECEDENT'S USUAL OCCUPATION

during most of working

20879

White 16b. KIND OF BUSINESS/INDUSTRY

Montgomery

10g. CITIZEN OF WHAT COUNTRY?

United States

14. RACE — American Indian, Black, White, etc.

Painting Contractor

Paint 16. MOTHER'S NAME (First, Middle, Meiden Surname)

Luther O. Butt 19e, INFORMANT'S NAME (Type/Print)

19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Gloria L. Butt

(So

Elementery/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Leet)

12

20409 Remsbury Place, Gaithersburg, MD

Eva Dorton

20a, METHOD OF DISPOSITION
t

Burlat 2 □ Cremation 3 □ Removal from State 4 Donetion 5 Other (Specify)

15. DECEDENT'S EDUCATION pecify only highest grade complete

20b. PLACE AND DATE OF DISPOSITION (Name of 2/10/92 DATE cemetery, gremetery, or other place) Potomac United Methodist Church Cemetery

Potomac, Maryland

20c. LOCATION - City or Town, State

21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kan tarrow 23. PART I. Enter the dispases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest,

M00198

22. NAME AND ADDRESS OF FACULTY
ROBERT A. Pumphrey Funeral Home/Rockville,
300 West Montgomery Avenue Inc.
Rockville, Maryland 20850-2805

ahock, or haart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)

Pancreatic Adenocarcinoma OUE TO (OR AS A CONSEQUENCE OF)

6months

Approximate

Interval Between

Onset and Death

Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

24e, WAS AN AUTOPSY 1 TYES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

Vascular Grafts

25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** 1 TYES 2 NO

Ischemic Bowel Resected

Abdominal Aortic Aneurysm

HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA

28. PLACE OF DEATH (Check only one) me 5 Residence 6 - Other (Specify)

26e. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT

27. MANNER OF DEATH 1 Netural
2 Accident 6 Pending Investigation 3 Suicide S Could not be determined

4 Homicide

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, end due to the ceuse(e) end manner ee stated.

MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

lunan around, Se 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) 184

16824

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) February 6, 1992

M.D. 10076 Darnestown Road, #204, Alan N. Schulman 31. DATE FILEO (Month, Day, Year)
FFR 10 92 Rockwille MD 20850

an and completely fi to burial, cremation executed within BOX 68760, event. traumatic ending physician ar Hygiene prior to t HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be other P.O. the attending p 6 Injury, RECORDS. signed by the has been signed by the Dept. of Health and the 23 shows any In DIVISION OF VITAL Item certificate h e the is marked, this c DIRECTOR: After the hours after death will litem 28 is mark =

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director, page 5 should

removal. medical

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filled In 1

24 hours after death. Page 6 may be BALTIMORE

once.

notified

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must

examiner

the cremation,

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

COMPLETED

BE

5

retained by the hospital or attending physician.

MARYLAND 21215-0020

FUNERAL I TO THE FUNERA
be filed within 7
IMPORTANT: I 포포

Kein-Johnson

A STATE OF THE STA

	Month DAY YEAR									3. TIME OF					
	4. SOCIAL SECURITY NUMBER	5. SEX				IF UNDER 1 YEAR			Feb. 9, 1992 7. DATE OF BIRTH 8. BIRTHPLAC			6:1			
	176-30-613			51		MONTHS	DAYS	HOURS	MIN.		, Day, Year)	1937	Countr	try)	or roreign
	9a. FACILITY NAME (If not inst		street and number)			9b. CIT	Y, TOWN (OR LOCATION	ON OF OEA		. 0,	190, COUNT		PA. DEATH	
CTOR	10201 McGc		Si	lvei	Spr	ing			Mor	ntgo	omery				
ш	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				10c CI	ry, town							- 0		AITY
DIR	MD.	MO	NIGOMERY					RSPF	RTNG			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
AL	10e. STREET AND NUMBER							. ZIP CODE				10g. CITIZ	EN OF V	WHAT COUNT	
BY FUNERA	10201 McGOVERN I							209	103			U.S.A.			
	11. MARITAL STATUS 1 Never Married 2 AAA 3 Widowed 4 Divorce	12. WAS DECEDE FORCES? IF YES, GIVE	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			It yes, sp	ecity Cuba	of HISPANI n, Mexican, Specify:	C ORIGIN Puerlo F	? (Specify Yellican, atc.)	ecify Yes or No. 14. RACE - American India				
	15. DECE (Specify only	DENT'S ED	UCATION de completed	16	. DECEDENT'S	USUAL C	CCUPATIO	ON		16b.	KIND OF BU	ISINESS/INDU	JSTRY	******	111
LET	Elementary/Secondary (0-1	College (1-4 or 5	i+)	life. Do NOT u	ise retired.)	during mo	ist of worldn	rg							
COMPL			5+		ADMIN	VISTE	RATOI)R		UNIVERS			SITY OF MARYLAND		
-	17. FATHER'S NAME (First, Middle, Lest) JOSEPH KERSTING							18. MOTH		E (First, A RIAN	fiddle, Maiden	GAT2	7		
BE	19a. INFORMANT'S NAME (Typ.	pe/Print)	11010111		19b. MAILING	ADDRES	S (Street a	and Number				vn, State, Zip (_	_
2	MELVIN	BE	RNSTEIN		SAN			TEM	4.5	alo Ivalizo	or, only or low	vii, Olale, Zip (0000)		
	20a. METHOD OF DISPOSITIO		mount from Ctate	20b. PL	ACE AND DATE	OF DISPO	SITION (Ne	eme of		DATE	20c. LO	DCATION — C	thy or To	own, State	
		Donetton e Other (Specify) CHAMBERS CREMATION 2/11/92 RIVERDALE, MD									MD.				
- 1	23. PART I. Enter the dis ahock, or her IMMEDIATE CAUSE (Fina	art fellure	. List only one ce	use on each	line.	not enter	r the mo	de of dyl	ng, such	aa card	O. INC	C。, S]	ILVE	Interv	ING,
RTIFICATION	anock, or nea	pons, liste	a. DUE TO	O (OR AS A CO	e death. Do	PE AND	REAS	de of dyl	cal	aa card NCER	lac or respondence of the second seco	iretory arre	eat,	Approintery Onset	inete
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PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final Immediates or condition resulting in death) Sequentially list condition if any, leeding to immediate ceuse. Enter UNDERLYIN CAUSE (Disease or injurthat initiated eventa resulting in death) LAST PART II. Other aignifican 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2	ons, liste NG y	a. DUE TO b. DUE TO d. DUE TO d. LINE CONTRIBUTING TO MORE CONTRIBUTING TO (Month, I	D (OR AS A CO D (OR AS A CO D (OR AS A CO D (OR AS A CO D (OR AS A CO D (OR AS A CO D (OR AS A CO D (OR AS A CO	In death. Do in line. ATIC WILLIAM CONSEQUENCE OF THE CONSEQUENCE OF	OTHE 4 Nurse of Juny M	26. PL R: R: 28c. INJ 28c. INJ 28c. INJ	CACE OF DI	CAI CAI ND BO Silven in P	art I.	METASE 24e. WAS AN PERFOR 1 YES ((Specify)	DASIS LEY AUTOPSY RMED?	246.	Approintery Onseil 77/72 WERE AUTOP ANALABLE P COMPLETION OF 0EATH?	XIMETE AND AND AND AND AND AND AND AND AND AND
D BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition if any, leeding to immediceuse. Enter UNDERLYIN CAUSE (Disease or injurt instal initiated events resulting in death) LAST PART II. Other significant in Yes 2 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Netural S P. 2 2 Accident 3 Suicide 8 C.	ons, liste NG y	B. DUE TO DUE	D (OR AS A CO D (OR AS A CO D (OR AS A CO D (OR AS A CO D (OR AS A CO D (OR AS A CO D (OR AS A CO D (OR AS A CO	e death. Do in line. ATTC WINESCUENCE OF THE CONSEQUENCE OF THE CONS	OTHE 4 Nurse of Juny M	26. PL R: R: 28c. INJ 28c. INJ 28c. INJ	CACE OF DI	CAI CAI ND BO given in P	art I. Other	METASE 24a. WAS AN PERFOR 1 YES 8 (Specify) CRIBE HOW I	AAUTOPSY RMED?	24b.	Approintery Onseil 7 7 7 7 7 7 7 2 WERE AUTOP ANALABLE P COMPLETION OF 0EATH? 1 YES 2	ENG sximete and Do sximete and Do sximete and Do sximete and Do sximete and Do sximete and Do sximete and Do sximete and Do sximete and Do sximete and Do sximete and Do sximete and Do sximete and Do sximete and Do sximete
BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leeding to immedit ceuse. Enter UNDERLYIM CAUSE (Disease or injurthat initiated eventa resulting in death) LAST PART II. Other algnifican 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 2 300 27. MANNER OF DEATH Neturn S P. Neturn S C. 29. CERTIFIER (Check only)	ons, liste NG y Int condition MEDICAL Pending investigation could not be etermined FYING PHYSICAL EXAMIN	a. DUE TO b. DUE TO c. DUE TO d. DUE	D (OR AS A CO D	ine death. Do in line. ATTC INSEQUENCE OF THE CONSEQUENCE OF THE CON	OTHE 4 Number of Street, fac	r the mo	ER A G COUSE G ACE OF DI NEW ATT RK7 FES 2 and place,	CAI CAI ND BO Given in P	art I. Other 28d. DES	24s. WAS AN PERFOR	AUTOPSY RMED? INJURY OCCU	24b.	Approintery Onseil 77 72 WERE AUTOP ANALABLE P COMPLETION OF DEATH? 1 YES 2	ximete all Between and De YEA

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Shaff...

59-47-12

1 - STATE REGISTRAR	TATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE GISTRAR CERTIFICATE OF DEATH REG, NO.										
1. DECEDENT'S NAME (First, Middle, Last) SARAH		8RINII	NG	2. DA MO	TE OF DEATH DA	1992	3. TIME OF DEATH 3:05 PM				
4. SOCIAL SECURITY NUMBER 578–16–5187	1 M 2 X F	GE (In yrs. lest birthday) 88 YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN (M	TE OF BIRTH onth, Day, Year) V 15, 1	BIRTHPLACE (State or Foreign Country) Outh Carolina					
90. FACILITY NAME (II not institution, give s Sylvan Manor Hea RESIDENCE OF DECEDENT		COUNTY OF DEATH Montgomery									
10e. STATE 10b. COUNT	tgomery		y, town or Local Silver S			10d. INSIDE CITY LIMITS? 1 YES 2XXNO					
100. STREET AND NUMBER 2700 Barker Stre				20910		100	of WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Merried 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	If yes, sp	CENDENT OF HISPANIC ORI Decify Cuban, Maxican, Puer G 2 X NO Specify:	GIN? (Specify Yee to Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White					
15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12) 12		160. DECEDENT'S (Give kind of w life. Do NOT us Salespe	vork done during mo ne retired.)	ost of working	Retail						
17. FATHER'S NAME (First, Middle, Last) William Joseph	Doster			18. MOTHER'S NAME (FIRS	t, Middle, Malden	Sumemo) Richa	ardson				
190. INFORMANT'S NAME (Type/Print) Jim Wong		7710 M	Maple Av	e #703, Tak			20912				
20b. PLACE AND DATE OF DISPOSITION 1 Xi Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of competery, crematory or other place) DATE 20c. LOCATION — City or Town, Si competery, Cremetory or other place) Washington National Cemetery 2-11 Suitland. MD											
21. SIGNATURE OF FUNERAL SERVICE LIC	3.ess	M00827	Rapp 933 G	Funeral Servist Ave, Si	lver Spi	rina. N	ND 20910				
IMMEDIATE CAUSE (Final	. Myocardia	aach lina.	ot enter tha mo	enter tha mode of dying, auch as cardiec or respiratory arrest,							
Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other eigniticent condition Cerebrovascular		g cause given in Part I.	24a. WAS AN A PERFORI	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO 1 Input lent 2 ER/Outpatient 3 DOA 4 Normaling Home 5 Residence 8 Other (Specify)											
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide	26e. DATE OF INJUR (Month, Day, Year	Y 28b. TIME () INJU	OF 28c. INJ JRY WO	URY AT 28d. D AK? 'ES 2 NO	ESCRIBE HOW IN						
3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Yown, State) 28e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated.											
2 MEDICAL EXAMINER: On the basis of examination and in management, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner ee stated.											
296. SIGNATURE AND PITTE OF CENTIFIER	COMPLETED CAUSE OF	tion and the inventigacion	My opinion, d	eath occured at the time, da 29c. LICENSE NUMBER		Peb	NED (Month, Day, Year) 8, 1992				

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
FFR 10 '92

22, REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or artending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 see
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPARTM RTIFICA	ENT OF I	HEALTH AND	MENTAL	HYGIEN REG. NO.	E	2 04/10			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY			3. TIME OF DEATH				
	WILLIAM	BRALOVE,	JR.				FEB. 7, 199				М		
		SOCIAL SECURITY NUMBER 5. SEX 6. AGE			THS DAYS	IF UNDER 24 HRS.	7. DATE OF	Day Year)		BIRTHPLACE (State or Foreign Country)	Patrick		
	214-03-9737	1 🔀 M 2 🗆 F	71	YRS.	INS DATE	HOURS MIN.	Apr		20	Washington. D.C.			
DIRECTOR	9a. FACILITY NAME (If not institution, give s			9b.	CITY, TOWN	OR LOCATION OF D			9c. COUNT	Y OF DEATH			
	10534 Tyler Terr				Potoma				Mon	tgomery			
		Maryland Montgomery				TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
A	10e. STREET AND NUMBER				10	, ZIP CODE			N OF WHAT COUNTRY?	_			
E	10534 Tyler Terr	ace				20854			Unit	ed States			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EN	ER IN U.S. ARI	MED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	Specify Yes		I. RACE — American Indian.			
BY F	1 Never Married 2 Married	FORCES? 1 X		°]		ecify Cuban, Maxica 2 NO Specia		an, etc.)		Black, White, atc. Specify:			
	3 Widowed 4 Divorced		W	WII		-				White			
臣	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gh	EDENT'S USU	lone during mo	ON ast of working	18b. K	IND OF BUS	INESS/INDU	STRY			
1 "	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use reti	red.)	or working							
MP		4	Eng	jineer			Dep	ot. of	fTran	sportation			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18, MOTHER'S NA	ME (First, Mic	ldle, Maiden	Surname)				
l w l	William B	ralove,	Sr.			Eva		Bor	nstei	n			
8	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING ADD	RESS (Street a	and Number or Rural	Route Number	City or Town	, State, Zip C	ode)	_		
임	Marjorie Bralove	(Wife)		Same as									
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF DISPOSITION (Name of				DATE	20c. LO	CATION — CII	y or Town, Stata				
	1 Donation 5 Other (Specify)	SUDU:	Suburban Crematory			2-8		Spring, MD					
	11. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										_		
	Rapp Funeral Services, P.A.												
	(DATOL K	s.cu	MOO		933 0	ist Ave,	Silv	er Sp	ring,	MD 20910			
	23. PART I. Enter the diseesea, or of ahock, or heart failure.	complications that ca List only one cause	used the dec	oth. Do not e	nter the mo	de of dying, suc	h ea cardle	c or respli	ratory arrea	t, Approximate Interval Between			
	IMMEDIATE CAUSE (Finel								Onset and Daat				
	disease or condition resulting in death)	ic Co	ic Colon Cancer					6 Mo.					
	DUE TO (OR AS A CONSEQUENCE OF):												
2	Sequentially list conditions,	b											
CERTIFICATION	If any, leading to immediate	DUE TO (OR	AS A CONSEO	UENCE OF):									
2	CAUSE (Disease or Injury												
1	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST												
H.	d												
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
CAL			ALL DUT HOT TO	. Dut not resulting in the underlying couse given in P					MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	à		
MEDIC						1	☐ YES 2	₩ NO	OF DEATH?				
Σ										1 TYES 2 NO			
PHYSICIAN:													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OT		ACE OF DEATH (Ch	eck only one)						
YS		1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 N Residence 6 Other (Specify)											
표	27. MANNER OF DEATH 1 X Natural 5 Pending	28s. DATE OF INJU (Month, Day, Y		28b. TIME OF INJURY	28c. INJ WO	URY AT	28d, DESCRIBE HOW INJURY OCCURED						
B	1 X Natural 5 Pending 2 Accident Investigation					rES 2 NO							
GD	3 Suicide 8 Could not be	JURY — At hon (Specify)	ne, form, street,	factory, offic	•	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	4 Homicide detarmined		12.2.2				J., J.	, 010(0)					
12	29a. CERTIFIER 1 X CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, dez	th occurred at	the time, data	and place, and due	to the couse	(s) and man	nor as stated		_		
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of exami	nation and/or in	vestigation, in	my opinion, d	eath occured at the	time, data ar	d place, and	dua to the o	cause(s) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER		7								_		
BE	1 . 1 . 1	AL	Sara.	non		29c. LICENSE NUI	WEEK			IGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	E DEATH HEET	140)		N5333	7		Fel	7, 1992			
							_						
	Frederick G. Bar	L, M.D.	5454	4 Wisco	onsin	Ave #134	5, Ch	evy C	hase,	MD 20815			



31. DATE FILED (Month, Day, Year)
FFB 10 '92

3. REGISTOAR'S SIGNATURE

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			rmit. Pa
			per
			nsit

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		C	ERTIF	ICATE	OF DEATH		REG. NO	O.			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE	OF DEATN			3. TIME OF DEA	TN
	MICHAEL	LEE	RORO	DWSKI			FEB		199	YEAR		Λ м
0	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. Is		IF UNDER 1 Y	EAR IF UNDER 24 HRS.		OF BIRTH	195		3:35 LACE (Stelle or Fi	A **
	396-64-9120	1 💢 M 2 🗆 F	35	YRS.	MONTHS 0	AYS HOURS MIN.	Mar	, Day, Year)	956	Country)	onsin	orwign
~	9a. FACILITY NAME (If not institution, give				9b. CITY, TO	OWN OR LOCATION DE	DEATN		9c. COUN	TY OF DE	ATN	
DIRECTOR	11215 Oak Leaf [Orive #191	8		Silv	er Spring			Mont	gome	ry	
NE NE	10a. STATE 10b. COUN	TY		10c, CI1	Y, TOWN OR	OCATION				- 1	IOd. INSIDE CIT	,
		gomery		S	ilver	Spring					LIMITS?	
Z.	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZ	EN OF WH	IAT COUNTRY?	
ÿ.	11215 Oak Leaf [Drive #191	8			20910			Unit	ed S	tates	
Y FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FDRCES? 1	YES 2	RMED ND	If ye	DECENDENT OF NISPA IS, specify Cuban, Maxie YES 2 Y ND Spec	cen, Puerto P	? (Specify Yolican, etc.)		14. RACE - Black,	– American Indi White, etc.	en,
ВУ	3 Widowed 4 Divorced	Navy			, ,	TEO ZAJINO OPOC	my.			Specify:	White	
	15. DECEDENT'S ED (Specify only highest grad	UCATION fe completed	18e. D	ECEDENT'S	USUAL OCCL	PATION	16b.	KIND OF BL	JSINESS/IND	USTRY	7111200	
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)		Do NOT U	work done dun se retired.)	ng most of working		1001+1	n Care			
N	17. FATHER'S NAME (First, Middle, Last)	_	IVC	136				_				
		Borowski				16. MOTHER'S N						
BE	19e. INFORMANT'S NAME (Type/Print)	OLOWSKI	1.0			Joan		isota	-			
5	Joan Borowski	(Mother)				reet end Number or Rura						
	20s. METHOD OF DISPOSITION	(MOCHEL)					reenfi			3221		
	1 Buriel 2X Cremation 3 Rar 4 Donation 5 Other (Specify)	moval from Stata	cemetery on	ematory or o	OF DISPOSITION (Interplace)		DATE		OCATION — C			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Subu	rban	Crema		2-8	S Si	lver	Spri	ng, MD	
	b Silling	BPI	MOO	827	Rap	p Funeral	Servi					
	23. PART I. Enter the diseesea, or	estables to			1933	Gist Ave,	SILV	er Sp	ring,	MD	20910	
	ehock, pr heert failure. IMMEDIATE CAUSE (Final disease pr condition resulting in death)	a. Respir	atory OR AS A CONSE	Failu	Jre						Approxim Interval B Onset and	etween
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate	b. Acquir	ed Imm	UNE [Defici	ency Syndr	ome					
2	CAUSE (Disease or injury	c										
	that initieted eventa resulting in death) LAST	DUE TO (D	R AS A CONSE	DUENCE D	F):							
岁 1		d										
MEDICAL	PART II. Other algolificant condition	ns contributing to d	eath but not	reaulting	in the under	lying ceuse given in		24a. WAS AN PERFD	RMED?	CO	VERE AUTOPSY FI	TO
-							-			1 '	YES 2	40
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					8. PLACE OF DEATH (C	hack only one					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	D/Outpetlant 2	[pos	OTHER:							
¥	27. MANNER DF DEATN	200. OATE OF IN		28b. TIM		Nome 5x Residence	_					
BY PI	1 Natural 5 Pending	(Month, Day,		INJ	URY	WORK?	28d. DESC	CRIBE HOW	INJURY OCCI	JRED		
	3 Suicide 8 Could not be	28e. PLACE OF I	NJURY — At ho c. (Specify)	me, ferm, s			28f. LOCA	TION (Street Town, Stete	and Number o	or Rural Rou	te Number,	
	4 Homicide detarmined							TOTAL STORE				
COMPLETED	29a. CERTIFIER (Check only one) t CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of m	y knowledge, de	ath occurre	ed at the Jime,	date end place, end du	to the caus	e(s) end ma	nner se state	d.		
	296. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NU		prace, e				med.
BE	1 MBun	MM				1025	OER				1992	
임	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE	OF OEATH (ITE	M 27) (Tvoa	Print)	1023			ret	υ. ο,	1995	
	Larry M. Bruni, I	M.D.		916 -		St, NW #4	02,	Washi	ngton.	DC	20006	
	FFR 10 '97	DEGISTAR:	SIGNATO	402								

(Newsperior)

Marifest of

	DOLLE
	24
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 hours
0	2
.O. BC	certificate
S, P	death
0	the state of
OR	that
REC	requires
1	38
TA	The
OFVI	PHYSICIAN
VISION	ATTENDING
=	OR
	HOSPITAL

	1. DECEDENT'S HAME (First		Al. I	CE P	. BERGE	R			2. DATE OF				3. TIME OF DE											
	Olice		reter	SON	,	1204	-des	•	MONTH	-8 m		Z_	3:1											
	4. SOCIAL SECURITY HUMI		5. SEX		(In yrs. last birthde	MONTHS	YEAR IF UND	DER 24 HRS.	7. DATE OF (Month, D	BIRTH Day, Year)	8.	. BIRTHP Country)	LACE (State or											
	577-03-6658 90. FACILITY HAME (If not it		X		88 YRS				APRIL	11,1	903 I													
l &							TOWN OR LOCA				9c, COUNT													
25	HOLY CROS	CEDENT			-		LVER S	PRINC	j		MON	TGO	MERY											
DIRECTOR	10e. STATE	10b. COUN			10c.	CITY, TOWN OR	LOCATION						10d. INSIDE CI											
AL D	MARYLAND 100. STREET AND HUMBER		<u>IONTGOEMR</u>	RY		SILVE	ER SPRI						1 YES 2											
E	917 DALE DR						101. ZIP CO				10g. CITIZE		HAT COUNTRY											
FUN	11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.						ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN?					- American In											
BY F	1 Never Married 2 3 X Widowed 4 Dive	2 X NO	If y	yes, specify Cul	ben, Mexica	n, Puerto Rica	in, etc.)	1.0	Black, Specify	White, stc.														
ED B		CEDENT'S ED	DUCATION		tes penerum	T'e Hellar ac-	Management					WHI												
1	(Specify onl	(Give kind	T'S USUAL OCC of work done dui T use retired.)	ring most of wor	rlung	16b. KI	HD OF BUSI	INESS/INDUS	TRY															
	12	,	College (1-4 or	37)	CHIEF	CLERK			CHE	STMIIT	FARM	S D	ATDV											
COMP	17. FATHER'S NAME (First, M		7.2.2.4.4	18. MO	THER'S NA	ME (First, Midd			אַע ט	TIVI														
4.1	CHRISTIAN		SON				E	LIZAE	ETH M	ICHAE	LSON													
TO BE	19e. IHFORMANT'S HAME (EN AVEN			HG ADDRESS (S	Street and Numb	per or Rural F	Route Number,	City or Town,	, State, Zip Co													
	CLARENCE A.	ION			J62 FF	REDERIC		E MC																
	1 🗆 Buriet 2 🗆 Cremetic	on 3 KRei	moval from State	cen	metery, crematory of	or other place)			DATE		ANT T		n, State											
			LICENSEE	ILLA	IKLAN CE			RESS OF FAC		IHAKL	AN, 10	OWA												
	b-/ +	11 /	n/)			T2TD A	37070 +	COT	T T110	******	AT IIO		2 Cremetton 3 Chemoton 3 Chemoton 3 Chemoton 5 Content (Specify) HARLAN CEMETERY 2/13 HARLAN, IOWA 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.											
	23. PART). Enter the dishock, or his limited and cause (Find disease or condition resulting in death)	mark summer	a.	Ser P	dera	500 o not enter th	UNIVE	RSITY lying, auch	BLVD es cerdied	or reaplin	CTT C	DD	MD 209											
	IMMEDIATE CAUSE (Fin	lone, diete ling	a. DUE 1	TO (OR AS A	each line.	500 o not enter th	UNIVE	RSITY lying, auch	BLVD es cerdied	or reaplin	CTT C	DD	MD 209											
CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit! If any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or Injurthet Initieted events resulting in death) LAS	lons, diete ING	a. DUE 1	TO (OR AS A	A CONSEQUENCE	500 o not enter the open of th	UNIVE the mode of d	RSITY lyling, auch	BLVD es cerdiec	or reaplin	CTT C	DD	MD 209											
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: it iem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, Last)		CE	RITE	AIE OF	DEATH	2 0475	REG. NO).		TIME OF PERSON				
6015	8	C	OAI	/		MONT	OF DEATH	AY Q	YEAR	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 517-09-0362	5. SEX 1 M 2 X F	6. AGE (In yrs. last	"	F UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	7. DATE	OF BIRTH	1020	8. BIRTHP					
9a. FACILITY NAME (If not institution, give a Holy Cross Ho	street end number)	12			or Location of ver Spr	DEATH	. 19,		NTY OF DE	tana omery				
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	γ		10c. CITY, 1	TOWN OR LOCA						IOd. INSIDE CITY				
Maryland	Montgom	ery		Silve	r Sprin	g				LIMITS?				
100. STREET AND NUMBER 11407 Columbia	Pike		101. ZIP CODE 109. CITIZEN USA							IAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2X N	YES 2 NO If yes, specify Cuben, Mexican					NIC ORIGIN? (Specify Yes or No.— 14. RACI						
							66. KIND OF BUSINESS/INDUSTRY		White					
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Gi	ve kind of wor Do NOT use r	K done during mo wifred.)	st of working	16b		S Governmen den Sumame) ney Rown, Stetts, Zip Code) laho 83843						
	5+	Bud	get	Analyst					rnmen	t				
17. FATHER'S NAME (First, Middle, Last) Walter F. Eve	r1y				18. MOTHER'S	name (First, I Hazel								
19a. INFORMANT'S NAME (Type/Print)		19t	. MAILING A	ODRESS (Street e				-	(Zip Code) 83843 4 — City or Town, 5					
Michael Coan			530 No	orth Ha	rding,	Mosco	w, Ida	ho 8						
20a, METHOD OF DISPOSITION 1 (1 Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, premajory or other place) Park Lawni Cemetery 2-7-1992 Rockville, Md.														
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Parklawn Cemetery 2-/-1992 Rockville, Md. 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home										rid.				
Foris J.	Than I	-							ing.	Md. 20904				
immediate Cause (Finsi disease or condition resulting in death)	a. Country one cause Due To (c	e on each line.				uch se cerd	liec or reep	iretory arr	rest,	Approximate interval Between Onset and De				
Sequentially list conditions, if any, leading to immediate	OUE TO (C	OR AS A CONSECUTION AS	VENCE OF):	gan	7									
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d					PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. Conditional Conditions 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 2 NO 1 YES 2 2 NO 2 2 2 2 2 2 2 2 2								
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a contributing to c	8/2 C	on	the underlying	g csuse given	in Part i.	PERFO	RMED?	1 8	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
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31. DATE FILED (Month, Day, FFB = 7 1992 S11. 25

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TO BE COMPLETED BY FIINFRAL DIBECT	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 red.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlak-transit permit. Pages 1.2 be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlak, cremation, or removal.
er death. Page 6 may be retained by the hospital or attending physician,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

1 - STATE REGISTRAR		C	ERTIF	ICATE	OF DEA	TH		EG. NO.			
1. DECEDENT'S NAME (First, Middle, Las Frank	K.		C	CHEN			Jan. 3	DAY			3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 214-02-5121	5. SEX	6. AGE (In yrs. Ia	et birthday) YRS.	MONTHS C	EAR IF UNDER	MIN.	7. DATE OF B (Month, Der			year 3 1 8. BIRTHPL Country) (NTY OF DEAT Ontgor 10 12EN OF WHA (S.A. 14. RACE Bleck, W Specify: Code) and City or Town, Spring eral I nersbu est,	LACE (State or Foreign
9a. FACILITY NAME (If not institution, given 724 Beacon Hi		2		12	thersb				e. COUNT		HTA
10a. STATE 10b. COUP	ontgomery			y, TOWN OR					10g. CITIZEN OF WH U.S.A. BE OF NO. 14. RACE, Bleck, Specify: USINESS/INDUSTRY UCATION 7 Surneme) wn, Stete, Zip Code)	10d. INSIDE CITY LIMITS? 1 PS 2 NO	
100. STREET AND NUMBER 724 Beacon Hil	ll T errace				10f. ZIP COD	2087	78	1		2 YEAR 1 a. SHITHPH COUNTY) COUNTY OF DEA MONTGO CITIZEN OF WH U. S. A. 14. RACE Specify:	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	13. WAS	DECENDENT Cos, specify Cuba	F HISPAI In, Mexica Specify	NIC ORIGIN? (Se in, Puerto Rican y:	pecify Yes or i, etc.)	No- 1		American Indian, White, etc.
15, DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	(6	the kind of a Do NOT us	USUAL OCCI work done duri se retired.)	PATION ng most of workir	ng	16b. KIN				ASIAII
17. FATHER'S NAME (First, Middle, Lest) Pao Chu: 19e. INFORMANT'S NAME (Type/Print)	n Chen	19	b. MAILING	ADDRESS (S		Lian	ME (First, Middle -Chen			larda)	
Yin-Ling Chie		20h PI ACE	1821	Becke	t Stre	et,	Potoma	c, Ma	ryla	U.S.A. 14. RACE—Bleck, V Specify: NDUSTRY LON City or Town. Spring neral h chersbu	20854
1 (X Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		Gate	of He	ther place) eaven	Cemete:	ry 2	-3-92	Silv	er S		g, MD
* Muchan		ille	en	10	East D	eer	Park D	r., G	aith	ersb	Home urg, MD
23. PART I. Enter the disesses, Dishock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Cont	to re	י אק י	ato	-				Dry arres	Spechy: Spe	Approximate interval Batwee Onset and Deat
Sequentially list conditions, if any, leading to immediate	ASP	OR AS A CONSE	OUENCE OF	F):							
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	c. Cerel	OF AS A CONSE	M Cu) ce							
PART II. Other eignificant condition					U		Part i. 24a.	WAS AN AUT PERFORMED YES 2 (X	D?	1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DE CAUSE DE DEATH?
							-			'	YES 2 NO

26s. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28b. TIME OF INJURY 1 X Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)

8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29s. CERTIFIER
(Check only one)

2 MEDICAL EXAMINED: On the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated.

IE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29d. DATE SIGNED (Month, Day, Year) Jan. 31, 1992

M.D. 9711 Medical Center Dr. #308 Rockville, MD 20850 Steven M. Faber,

31. DATE FILED (Month, Day, Year)
FFR 6. 92 Julia Davidson Bondall

2

3 Sulcide

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Stanford Con 1 - MILLI

BALTIMORE, MARYLAND	death. Page 6 may be retained by the hose funeral director, page 5 should be detached	examiner must be notified at once.
ORDS, P.O. BOX 13146,	is that the death certificate be executed within the outs a need by the attending physician and completely filled in by	amy injury, or other traumatic event, the medic
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE FUNERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a country after death. Page 6 may be retained by the observed may be retained by the detach. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detach.	be filed Within 72 hours after death with the State Dept. Or health and hential hypere print to be medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	20	,

	DECEDENT'S NAME (First, Middle	Edward M.	Coven			2. DATE OF DE	DAY	992 6:00 AM M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIR	тн	8. BIRTHPLACE (State or Foreign Country)		
	317-50-4378	1 M 2 F	44 YRS.	MONTHS DAYS	OR LOCATION OF DE	Nov. 1	3, 1947	Indiana		
DIRECTOR	403 Watts Bran	nch Parkway		Rockvil		Ain		tgomery		
EC		COUNTY	10c. Cl	TY, TOWN OR LOCA	ATION			10d. INSIDE CITY		
E	Maryland Mo	ontgomery	R	ockville				1 X YES 2 NO		
A	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?		
EB	403 Watts Bran	nch Parkway			2	20854	Un	ited States		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Maxicar S 2 XNO Specify.	n, Puarto Rican, I		14. RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT	"S EDUCATION st grade completed)	16a. DECEDENT	B USUAL OCCUPAT work done during in	ION	16b, KIND	OF BUSINESS/IND			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT I	use retired.)	All Carlot					
MP		7	Patent	Supervis	or	U.	S. Pate	nt Office		
Ö.	17. FATNER'S NAME (First, Middle, L	est)			18. MOTHER'S NAM		,			
BE	George Coven				Lilliar	Rosen	weiss			
2	19a. INFORMANT'S NAME (Type/Pri	•			and Number or Rural R					
	Maxine F. Co	ven			anch Park			e, MD 20854		
	20a, METNOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremetion 3		20b. PLACE OF DISPO		emetery, cremittory or		20c. LOCATION — (
	4 ☐ Donation 5 ☐ Other (Special Series)		Judean G		AND ADDRESS OF FAC	CH LTV	orney,	Maryland		
	Sol as	41 6	7		Funeral		es, P. A			
	Callen	N. 1	app		Gist Aver					
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiec or reapiratory arrest, abock, or haert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): b. Due to (or as a consequence of): CAUSE (Disease or injury that initiated events Due to (or as a consequence of):									
5	resulting in death) LAST	d								
MEDICAL	PART II. Other eignificent co	nditiona contributing to de	ng ceuse given in	Part I. 24a.	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
S	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		26.1	PLACE OF DEATH (Ch	eck only one)				
PHYSICIAN:	1 TYES 2 X NO	1 Inpatient 2 E	R/Outpatient 3 DOA	4 🖂 Nursing Ho	me 5X Residence					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pendir 2 Accident Investi	gation	Y6ar) 18	M 1	IJURY AT PORK? YES 2 NO	28d. DEŞCRIBE	E NOW INJURY OCC	CURED		
TED	3 Suicide 6 Could 4 Hornicide determ	building, ato	NJURY — At home, ferm :. (Specify)	, street, factory, off	Ice	281. LOCATION City or Yow		or Rural Route Number,		
COMPLETED	(ornor only	G PHYSICIAN: To the best of m						ed. e cause(a) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF C	herer mo			D-2191	O	29d, DAT	E SIGNED (Month, Day, Year)		
F	Peter S	SON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (TV)	on, Print) 7 Ferr	ara Dr		Whente	n Ms. 20906		
	31. DATE FILED (Month, Day, Year) FFR 10 '92	Pa. REGISTRARY	SIGNACINE AND AND AND AND AND AND AND AND AND AND							

IMPORTANT if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

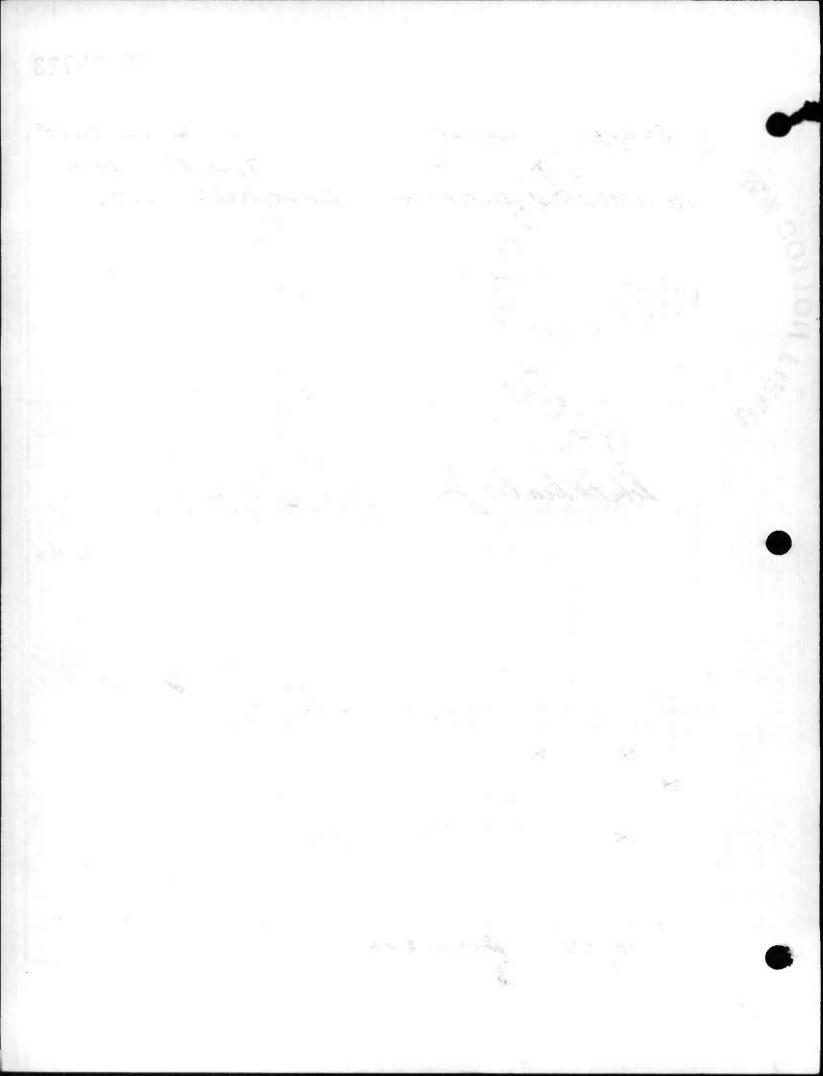
TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF MA	RYLAND C	DEPAR	TMENT	OF H	EALTH AN DEATH	D MEN	TAL HYGIEN	E		
1. DECEDENT'S NAME (Firs	t, Middle, Last)							2. D	ATE OF DEATH			3. TIME OF DEATH
SAN	1UEL	CROWTHER								7 /19	YEAR	1:50 AM
4. SOCIAL SECURITY NUM	BER		AGE (In yrs. la	st birthday)	IF UNDER		# UNDER 24 HR		TE OF BIRTH	7	8. BIRTHI	PLACE (State or Foreign
036-01-665	59	1 M 2 F	99	YRS.	MONTHS	DAYS	HOURS MI	' ໄ∩້ຳ	/01/18	93	Country	land
9e. FACILITY NAME (If not in		eet and number)			9b. CITY,	TOWN O	R LOCATION OF		701710		TY OF DE	
SALISBURY	NURSIN	G HOME			SA	LISE	IIDV			V61 - 52.5		
RESIDENCE OF DE		- 1101.12			JA.	DISE	UKI			WIC	OMIC	0
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
Mass.	Bri	stol			Seek	nnk						LIMITS?
10e. STREET AND NUMBER		0001			<u>JCCR</u>		ZIP CODE			10o. CITIZ	EN OF W	HAT COUNTRY?
105 Antho	ct.	noot										NAT COUNTRY?
195 Antho	IIIA 26	12. WAS DECEDENT EX	/FRINIIS AI	net n	12 4		02771	5 4440 000	IGIN? (Specify Yee	_	I.S.	
1 Newtr Married 2		FORCES? 1	YES 2	NO	11	yes, spe	city Cuber, Ma	xicen, Puer	rto Rican, etc.)	or No-	14. RACE Black,	- American Indian, White, etc.
3 Wildowed 4 Dive	orced	IF YES, GIVE WAR	OR DATES		1	YES	2 10 Sp	ecity:			Whi	
15. DEC	EOENT'S EDUC	ATION	16a DI	ECEDENT'S	HEHAL OC	CUBATIO	A1					
(Specify on	ly highest grade o	completed)	(0	Give kind of v	vork done di	uring mos	a of working	- 1	16b. KIND OF BUS	INESS/INDL	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)			11			- 1				
12	Alata I at		Bu	ilt	Loo	ms			Text			
17. FATHER'S NAME (First, M									st, Middle, Malden S	,		
Joseph		ther							et Ann			ry
19e. INFORMANT'S NAME (lumber, City or Town			
Mrs. Edith	John	son	9	Some	rset	Av	enue,	Pri	ncess	Anne	. M	d. 21853
20a. METHOD OF DISPOSIT	ION 2 DO	and done Odel	20b. PLACE	ANODATE	OF DISPOSIT	TION (Ner	ne of	D	ATE 20c. LOC	CATION - C	alty or Tow	n, Stata
4 Donallon 5 Other		vali from State	Most	ematory or of	ther place)			1/	30 Cen	tral	Fa	11s, R.I.
IL SIGNATURE OF FUNERA	L SERVICE LICE	NSEE					D ADDRESS OF	FACILITY				110, 11.1.
>	0 11	. ()		ı	Hi	nman	Fune	ral Ho	me		
23. PAPT i. Enter the d	JA	mman &	MOC	1295		Pr	inces:	s An	ne, Md	. 21	853	
disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated eventa resulting in death) LAS	diata ING iry	DUE TO (OR	AS A CONSEI	QUENCE OF	1	A.	Ven Ven		Life			
PART II. Other significa		contributing to dea	th but not r	esulting i	n the und	erlying	cause given	in Part I.	24e. WAS AN A PERFORM 1 UVES 2	AED?		NERE AUTOPSY FINDINGS WAILABLE PROOF TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO EXAMINER?	_	LICERITA!				26. PLA	ICE OF DEATH	Check only	onej			
1 YES 2 NO		HOSPITAL: 1 ☐ Inpetient 2 ☐ ER	Outpatient 3	□ DOA	OTHER:	ng Home	5 [] Residence	e 6 [] o	ther (Specify)			
27. MANNER OF DEATH		28e. DATE OF INJU		28b. TIME	E OF 1	8c. INJU	RY AT	-	DESCRIBE HOW IN	JURY OCCI	JRED	
	Pending Investigation	(MOIRIT, Day, H	907)	ILMI	M	WOR	IK7 ES 2 NO					
2 Cutata	11 22-12	280. PLACE OF IN.	JURY — At ho	me, farm, a	treel, factor			281 (OCATION (Street an	of Mumber o	or Owned Do	and Marine
- 0	Could not be determined	building, etc.	(Specify)	, ,,		,,		C	ity or Town, State)	rumber o	r nurai no	ule Number,
29e. CERTIFIER (Check only one) 1 CERT	IFYING PHYSICI	AN: To the beet of my i	cnowledge, de	ath occurre	d at the tim	ne, date e	and place, and o	fue to the the lime, di	ceuse(s) end menr	due to the	d. Cause(s)	and menner ee stated.
295. SIGNATURE AND TITLE	OF CERTIFIER	1	//			T	29c. LICENSE N	UMBER	T	29d. DATE	SIGNED (Month, Day, Year)
1/		18/10					77	93	49) /	4	1/99_
30. NAME AND ADDRESS OF	PERSON WIFO	COMPLETED CAUSE OF	F DEATH (ITE	M 27) (Type.	Print)		100		/		126	11-
31. DATE FILED (Month, Day,	Rob	32. REGISTRAR'S	1.D.	11	04	He	athi	NAI	DRI	VP.	Sá	lisBury,
JAN 28	92	Julia Dav	idson-R	indell				/				//

Therefore the same of the same

DALIMONE, MANILAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - wours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he find within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	IDING PHYSICIAN: The law requires that the death certificate be ex-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to bunial, cremation, or removal.	is marked, or item 23 shows any injury, or other traum:
DIVISI	TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR	IMPORTANT: If Item 28

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAI CERTIF	RTMENT OF H		ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) TORDAN RA	Y CAREY			2. DATE OF DEATH DAY	5 4	3. TIME OF DEATH 8:57 PM
		SEX B. AGE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BH	RTHPLACE (State or Foreign
	214-25-1262 3a. FACILITY NAME (If not institution, give street	M 2 F Z YRS.	MONTHS DAYS	HOURS MIN.	7/23/8	9c. COUNTY O	e DEATH
DIRECTOR		N PEDIATRIC HOS		SALTI		CI	.1 4
Ä	10a. STATE 10b. COUNTY	10c. Cl	TY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	2	.comico		Salisbur	-		1 TYES 2 NO
FUNERAL	10a. STREET AND NUMBER	Walston Trailer Pa		21801			S.A.
JNE.		WALSCOIL TEATTEL FA			C ORIGIN? (Specify Yea or	No- 14. R	ACE — American Indian.
BY FL	1 🔀 Never Married 2 🗌 Married 3 🗍 Widowed 4 🗍 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, sp	2 NO Specify:			leck, White, atc. pecify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 16e. DECEDENT' (Give kind of life, Do NOT	S USUAL OCCUPATIO	ON st of working	16b. KIND OF BUSIN	IESS/INDUSTR	Y
PLE	Elamentary/Secondary (0-12)	College (1-4 or 5+)					
OM	17. FATHER'S NAME (First, Middle, Last)	Chair and a second		16. MOTHER'S NAM	E (First, Middle, Meiden Su	rname)	
BE C	Charles R. Carey,	Jr.		France	s Gayle Man	rsh	
TO B	19a. INFORMANT'S NAME (Type/Print)				oute Number, City or Town,	State, Zip Code)
F	Charles & Gayle Ca			10 a,b,c			
	20a. METHOD OF DISPOSITION 02_09 1 M Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	20b. PLACE OF DISPO other place) Wigomico				sbury,	
	21. SIGNATURE OF PUNERAL SERVICE LICEN			D ADDRESS OF FAC			
	Robert H. Brad	shaw, Jr	Brad: 306	shaw & So W. Main S	ns Funeral t Crisf	Home ield,	MD 21817
	IMMEDIATE CAUSE (Final disease or condition	nplications the caused tha death. Do tonly one ceuse on each line.	not antar tha mo	da of dylng, such	ss cardiac or respire	tory arreat,	Approximate interval Between Onset and Death
	resulting in death) a.	DUE TO (OR AS A CONSEQUENCE	OF):				
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE	OF):		-		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	OF):				
	PART II. Other significant conditions	contribution to death but not resulting	n in the underlyin	a cause alven in f	Part I. 24s. WAS AN A	LITOPSY	24b. WERE AUTOPSY FINDINGS
CAL	5/A Lite			_	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC	wastl of me	2 18 - Otion	150	1.10-1-	1 □ YES 24	NO	OF DEATH?
Σ	Inie desho	11/2 7:017	-	100	1		
IAN	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (Che	ock only one)		
HYSICIAN:	EXAMINER?	IQSPITAL: Inpatient 2 ER/Outpatient 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)		
0	27. MANNER OF DEATH Naturel 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 26b. T	NJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURE	D
BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, farm			281, LOCATION (Street an	d Number or R	ural Route Number,
TED	4 Homicide 6 Could not be determined	building, etc. (Specify)			City or Town, State)		
LET	29a. CERTIFIER CERTIFYING PHYSICIA	AN: To the best of my knowledge, death occu	arred at the time, dat	and place, and dua	to the cause(a) and menr	ner as stated.	
COMPL	(Check only one) 2 MEDICAL EXAMINER:	On the basis of examination and/or investiga	ition, in my opinion,	death occured at the	time, data and place, and	dua to the ca	use(s) and manner as stated.
В	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	BER	29d. DATE SIG	GNED (Month, Day, Year)
80	Paul Burg	19 MMD		00	4310	1 3	6/92
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Ty	1708 E	W. ROK	ERY W	VE A	BALTO 2/1209
	31. DATE FILED (Mooth, Day, Weer) 92	32. REGISTRAR'S SIGNATURE	photo.	44-6	3 71		/



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6	2	Ħ
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Just after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact has find within 72 hours after death with the State Dent of Health and Mental Hyriene prior to burial, cremation, or removal.	IMPORTANT: It them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
Pe	age	90
6 тау	tor, pa	1snu
Page	direc	T Tal
death.	funera	xamir
after	the the	[a]
Aurs a	in by	nedi
ď	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the fire sind within 70 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	the n
Athlin	netely	aut,
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exect	and of	mati
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He	ite ha	E
JAN:	rtifica	0r 16
TYSIC	is ce	ed,
VG PM	ter th	mark
ENDI	R: A	90
ATT	ECTO	n 28
L DR	Plo Pour	Hen
SPITA	IERAL in 70	III. II
HOS	F. F.	TAN
THE	品	POF

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO		32 04724
	1. DECEDENT'S NAME (First, Middle, Last) FRANK H	1	ONER			2. DATE OF DEATH MONTH 2-9-19	92	3. TIME OF DEATH 10:00 Pm
	4. SOCIAL SECURITY NUMBER 206-05-7670	1 D M 2 D F 7	(In yrs. lest birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 11-5-19	18	BIRTHPLACE (State or Foreign Country)
TOR	99. FACILITY NAME (If not institution, give s RESIDENCE RESIDENCE OF DECEDENT	treet and number)		Brand	WINE	ATH	Pr. (George's
DIRECTOR	Md. Pr.	George's		ntown on Local				10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	18904 Croom R	oad			20613		USA	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 / VES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: NNITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 grades	CATION o completed) Coffege (1-4 or 5+) 4 grades	18a. DECEDENT'S L (Give kind of w life. Do NOT use INS. AC	ork done during me retired.)	ast of working	Insur		TRY
BE CON	17. FATHER'S NAME (First, Middle, Last) Frank Cooner					ME (First, Middle, Maiden Henry	Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) Hope Cooner					Route Number, City or Tow BrandyW		^{oo)} Md. 20613
	20a_METHOD OF DISPOSITION 1 D'Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	Md. Vet	ITION (Name of ce	metery, crematory or Cemetery	y C		or Town, State nham, Md.
100	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE untt D0022		The	ND ADDRESS OF FAC	uneral , 6, Waldo	Inc.	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Finei disease or condition resulting in daeth) Sequentielly list conditions, it any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A	ach iina.	ng CA				Approximate Intervel Between Onset and Dasth
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to death b	out not resulting lo	n the underlyin	g ceuse given in	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO
ICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che			
	1 VES 2 NO 27. MANNER OF DEATH 1. Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. IN	JURY AT DRK? YES 2 NO	8 Li Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	RED
TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	f — At home, farm, a	treet, fectory, offic		281. LOCATION (Street City or Town, State	and Number or	Rurel Route Number,
COMPLETED	anal	ICIAN: To the best of my know ER: On the basia of examination						
BE	296. SIGNATURE AND TITLE OF CERTIFIE	(C) C	2		29c. LICENSE NUN	ABER	29d. DATE S	IGNED (Month, Day, Year)
٩	30. NAME AND ADDRESS OF BERSON WA	TO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	926 V	Joooxend	Rd C	livz	n MD2025
	31. DATE FILED (Month, Day, Year) FFR 1 2 92	32. REDISTRAR'S SIGN	ATURE Mandal	e.	, ==(, , ,	1

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR							OF DEATH		
1. DECEDENT'S NAME (First, Middle, Las						2. DATE O	DAY	YE.	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	HEATHER 5. SEX					FEB			8:25
	1 M 2 F	8. AGE (In yrs. le	st birthday)	IF UNDER 1 YEA		(Month,	Day, Year)		HRTHPLACE (State or Foreign LARYLAND
N/A 9e. FACILITY NAME (If not institution, give	- 21		Tho.	4			8 199		
		Tanara			N OR LOCATION OF	DEATH		9c. COUNTY	
NATIONAL NAVAL	MEDICAL C	ENTER		BE.	THESDA			MONT	GOMERY
10e. STATE 10b. COUN	NTY		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
MARYLAND	MONTGOMERY			KENS	INGTON				LIMITS?
10e. STREET AND NUMBER	IONIC CHERT			TOTAL	10f. ZIP CODE			10a CITIZEN	1 YES 2 NO
3906 BYRD ROAL	D					0895			TED STATES
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13 WAS D	DECENDENT OF HIS		(Caralla V.		
1 Never Merried 2 Merried	FORCES? 1 {	YES 2	(NO	If yes,	specify Cuben, Mex	can, Puerto Ri	cen, etc.)	1	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	11 120, 0112 114	IN ON DATES		,,,,	ES 2 NO Spe	olfy:			Specify: WHITE
15. DECEDENT'S Et (Specify only highest gre	DUCATION			USUAL OCCUPA		16b. I	KIND OF BUSI	NESS/INDUST!	
Elementary/Secondary (0-12)	College (1-4 or 5+)		Sive kind of a Do NOT us	work done during se retired.)	most of working				
NIA			NOI	NE			N	ONE	
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	AME (First, Mi	ddle, Maiden S	umeme)	
MICHAEL ALLEN	DEATON				NELL	IE FAY	E RIDI	DLE	
19e. INFORMANT'S NAME (Type/Print)		15	b. MAILING	ADDRESS (Street	et and Number or Rui	I Route Numbe	r, City or Town	State, Zin Corte	9)
MICHAEL A. DEAT	ON	3	3906	BYRD RO	AD, KENS	INGTON	, MD 2	20895	,
200. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOSITION	(Name of	DATE	200 1000	ATION — City of	y Town State
1 Burlel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	moval from State	cemetery, cr	emetory or o	ther placa) CREMA		7/1992			
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	0111	A ALIANI W.		AND ADDRESS OF		LIKIV	ERDALE	MD.
23. PART I. Enter tha diseasea, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	e. List only one cause	Caused the di a on each line	B.	not anter tha r	noda of dying, s	ich as cardia	oc or reapire	itory arrest,	Approximate Interval Betwo
IMMEDIATE CAUSE (Final	a. MITOCH(DUE TO (C	Caused the di a on each line	ENCI	ELPHALO	W. CHAMBI node of dying, s	ich as cardia	oc or reapire	itory arrest,	Approximate Interval Betwo
immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	a. MITOCH(DUE TO (C c. DUE TO (C d.	CRUSED THE DESCRIPTION OF AS A CONSE	ENCI OUENCE OF	ELPHALO	MYOPATHY	(LEIG	oc or reapire	VNDROME	Approximate interval Betwoen and D
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST PART II. Other significant conditions are conditions.	a. MITOCH(DUE TO (C c. DUE TO (C d. DOBA contributing to d	caused the dia on each line ONDRIAT OR AS A CONSE OR AS A CONSE OR AS A CONSE each but not	ENCI OUENCE OF	ELPHALO F):	MYOPATHY	(LEIG	H S SY	VNDROME	Approximate Interval Betwoen and D
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in death and conditions in death an	a. MITOCH(DUE TO (C c. DUE TO (C d	Caused the dia on each lini ONDRIAI OR AS A CONSE OR AS A CONSE CERTOUS PRINTERS OF THE CONSE CE	ENCIOUENCE OF	ELPHALO P: F): In the underly 26. OTHER: 4 □ Nursing HG	MYOPATHY ing cause given PLACE OF DEATH ((LEIG	H S SY A. WAS AN AL PERFORM IX YES 2	VIOPSY ED?	Approximate Interval Betw Onset and D 24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other significant conditions and the cause conditions are conditions. The cause of the	a. MITOCH(DUE TO (C c. DUE TO (C d. DOBA contributing to d	Caused the dia on each line ONDRIAI OR AS A CONSE OR AS A CONSE OR AS A CONSE eath but not	ENCIOUENCE OF	ELPHALO F): F): align="right" 26. OTHER: 4 Nursing Ht 26. 10 10 10 10 10 10 10 1	MYOPATHY Ing cause given PLACE OF DEATH ((LEIG	H S SY A. WAS AN AL PERFORM IX YES 2	VNDROME	Approximate interval Betwoen and D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NRELEASE 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	a. MITOCH(DUE TO (C c. DUE TO (C d. DIA CONTRIBUTING to d The second of the secon	Caused the dia on each line ONDRIAT OR AS A CONSE OR AS A CONSE OR AS A CONSE eath but not a ER/Outpatient 3 JURY Year)	DO PERCE OF DUENCE OF DUEN	ELPHALO F): F): 26. OTHER: 4 Nursing He EOF URY M 1	MYOPATHY MYOPATHY Ing cause given PLACE OF DEATH (DOME 5 Residence NURRY AT WORK? YES 2 NO	(LEIG	H S SY A. WAS AN AL PERFORM IX YES 2	VIOPSY ED?	Approximate interval Betwoen and D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. RELEASED
after death. Page 6 i	by the funeral director	ical examiner mu.
rted within 24 itours	completely filled in b	event, the medi
certificate be execu	nding physician and Hygiene prior to bur	or other traumatic
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ATTENDING PH	RECTOR: After this after death wi	n 28 is marke
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	(Last)					2. DA	TE OF DEATH	DAY	YEAR	3. TIME OF DEATH
		ry M. De					bruary		1992	5:25 a
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DA	TE OF BIRTH		a. BIRTH	IPLACE (State or Foreign
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90. FACILITY NAME (If not institution				9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COU	INTY OF D	EATN
SUDURD SUDURD	an Hospital			I	Bethesda	1			Mont	gomery
10a. STATE 10b. C	COUNTY		10c. CITY	TOWN OR LOCAT	TION					10d. INSIDE CITY
Maryland	Montgomer	у		Ga	aithersh	nıra				LIMITS? 1 YES 2 W NO
10e. STREET AND NUMBER					. ZIP CODE	July		10g. CIT	IZEN OF V	VHAT COUNTRY?
	Diamond Av				2087	77		Ur	nited	States
11. MARITAL STATUS 1 Never Married 2 Married		T EVER IN U.S. ARM	IED	13. WAS DEC	ENDENT OF NISP ecify Cuben, Maxi	ANIC ORI	GIN7 (Specify Ye	ea or No-	14. BACE	- American Indian, k, Whita, atc.
3 🖟 Widowed 4 🔲 Divorced	IF YES, GIVE W	WAR OR DATES		1 TYES	2 NO Spe	elfy:	o mean, oic.)		Speci	lly:
15. DECEDENT	S EDUCATION	16a, DEC	EDENT'S U	SUAL OCCUPATION	N.		6b. KIND OF BU	ICINITOO WAL	DI IOTEM	White
(Specify only highes Elementary/Secondary (0-12)	college (1-4 or 5 +	(Gh	e kind of wo	ock done during ma	st of working		OD. KIND OF BU	JSINE 35/INL	DUSTRY	
12			Home	emaker				Otern	Hom	
17. FATNER'S NAME (First, Middle, La	st)	•			18, MOTHER'S N	NAME (Firs	t, Middle, Maldei		HOI	
	ames McQuad	е				E	lizabe	th Mo	Devi	tt
19e. INFORMANT'S NAME (Type/Print		19b.	MAILING A	DORESS (Street a	nd Number or Run					
Edwin J. 1	Dentz	95	23 De	bra Spr	adlin C	ourt	Burke	,Virg	inia	22015
20g. METHOD OF DISPOSITION 1 LXBurtal 2 Cremation 3	Removal from State	20h PLACE AN	ID DATE OF	DISPOSITION /A/a	mo of		ATE 20c. L	OCATION -		
4 Donation 5 Other (Specify)	Gate	of	Heaven	ruary 5 Cemeter	ý 19	92 si	lver	Spri	ng, Maryla
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	1-	2225	RODELL ROCKVI	A. Pum	phre	y Fune	rl Ho	me/	ery Avenu
/ Leures	1 Jenk	MO(1 4 4 5							
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	, or complications that lure. List only one cau	t caused the deal		ROCKVI	lle, Ma da of dying, au	ryla	nd 208	oiratory sr	rest,	Approximata
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NOTE AND DESCRIPTIONS

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if examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp
DALIMORE, MARTLAND	

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32. GEGISTRAR'S SIGNATURE

GUN'A DAVIDON RONGORE

	1. DECEDENT'S NAME (First, Middle, Last, NORMA		V.A <u>U</u> GHN						2. DATE OF DEATH MONTH	DAY 23.19	YEAR S&	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-80-3932	5. SEX 1 M 2 F	a. AGE (in yrs. le	YRS.	IF UNDER 1	YEAR DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI Country	Vland
5	90. FACILITY NAME (II not institution, give PENINSULA GENE	street and number) RAL HOSPI	TAL		96. CITY, 1		LISI			9c. COL	WICO	ATH
DIRECTOR	10e, STATE 10b, COUNT			10c. CIT	Y, TOWN OR							10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER	merset			<u>Wer</u>	7	ZIP COD	-				1 YES 2 NO
DI FUNERAL	B 0 × 1 0 3 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	lf :	/es, spe	ENDENT (ffi, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		14. RACE Bleck, Specifi	- American Indian, White, etc.
COMPLEIED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)	UCATION le completed) Collège (1-4 or 5 +	(0	ECEDENT'S Give kind of v	USUAL OCC	UPATIO	N st of worldi	ng	16b. KIND OF BU	JSINESS/IN	Whi	
	12 17. FATHER'S NAME (First, Middle, Last)			Ноиз	ewif	٥	18. MOT	HER'S NA	ME (First, Middle, Msider	Surneme)		
4	Zachariah W	indsor	19	b. MAILING	ADDRESS (Street or	E	Edit		nam	in Corda)	
2	Walter DeVaug		E	Box 1		Wei	nona		ld. 21870			
	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		cemetery, cri	Pau	ner plece)	em	etei	гу	1/27 WE	POD :	a, Ma	_{m, State} aryland
	James Lot	inman	мол	1294		Hi		r Fu	ineral Ho Anne, Mo		1853	
	23. PART I. Enter the disease, or shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	cist only one ceu	se on eech line	B.	ot enter th	e mod	de of dy	ing, suci	h as cardiec or resp	iratory sr	rest,	Approximate Interval Between Onset and Deat
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. MAS	OR AS A CONSE	OUENCE OF	BAR	nen	HOI	1	Hemor	RHY	age	36 How
	CAUSE (Disease or injury that initieted eventa resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE OF	77071	YM.	ALM	HOIM	C Mot	uly	5-7-	
	PART II. Other algorificant condition	na contributing to	death but not i	resulting i	n the unde	riying	ceuse ç	jiven in	Pert I. 24a. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL/	ACE OF D	EATH (Che	ck only one)			
	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Da	INJURY	26b. TIME	4 Nursing	c. INJU WOR	RY AT		6 Other (Specify) 28d. DESCRIBE HOW	NJURY OC	CURED	
	3 Suicide 6 Could not be determined	26e. PLACE OF building, s	FINJURY — At ho etc. (Specify)	me, term, st	treet, factory	office			281, LOCATION (Street City or Town, State)	and Number	or Rural Ro	ute Number,
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of s	my knowledge, de amination end/or	eth occurre	d at the time	, date e	end plece,	end due	to the cause(e) end me	nner as stat	ted.	and menner ee stated.

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SALUBUM, Ad

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	e la should	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transt per second or be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. OECEDENT'S NAME (First, Middle, Last)								2. OATE	OF OEATH	v	YEAR	3. TIME OF DEATH
	Larr	y Earl	Dav	ids	on		9	02		199		9:00 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In:		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Month	OF BIRTH , Day, Year)		B. BIRTH Countr	IPLACE (State or Foreign y)
218-40-8181	1 M 2 🗆 F	49	YRS.						-01-194			yland
9e. FACILITY NAME (If not institution, give				9b. CITY		OR LOCATIO	_	EATH		9c. COUN	Carr	
1654 St. Paul St	reer				Па	mpste	au				Cari	.011
10e. STATE 10b. COUNT			10c. CIT	TY, TOWN	OR LOCA							10d. INSIDE CITY LIMITS?
Maryland	Carrol	L				Han	pst	ead				1 TES 2 NO
10e. STREET AND NUMBER					10	f. ZIP CODE		1074		10g, CITI		WHAT COUNTRY?
1654 St. Paul St				1				1074			US	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 THE THE THE THE THE THE THE THE THE THE	NO		If yes, sp			n, Puerto F	17 (Specify Yee Rican, etc.)	or No-	Spec	E — American Indian, k, White, etc. ify: White
15. DECEDENT'S EDL (Specify only highest grade	JCATION in completed)		ECEDENT'S			ON ost of workin	107	16b.	KIND OF BUS	BINESS/INO	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	ise retired.)		of or working						
12th grade		Sa	les l	Manag	ger	,			Ferre		S	
17. FATHER'S NAME (First, Middle, Last) Elmer Davidson									reder			
19e. INFORMANT'S NAME (Type/Print)		- 1.		2.400056					ber, City or Tow		0:4:	
Ruth Davidson			1654	St.	Pau	1 Sti	ceet		npstead	d, Md	. 2	
20 METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Ren 4 Donetion 8 Other (Specify)	noval from State	206. PLACE other p Man	of Dispo				natory or			nches		
21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	4	(h)			S. Ma			Eline et, Har			Home Md. 21074
23. PART I. Enter the diseases, or shock, or heart fellure.	complications the	at caused the d	eeth. Do				ing, aud	ch aa card	tlec or respi	ratory arr	eat,	Approximate Interval Between
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. OUE TO	et caused the duse on each lin	eouence o	not enter	r the m	ode of dy			flec or respi	ratory arr	eat,	
ahock, or haert fellure. IMMEDIATE CAUSE (Finel disease or opndition reaulting in death) Sequentially list conditions,	a. OUE TO	OR AS A CONSE	OUENCE C	not enter	r the m	ode of dy				ratory arr	eat,	Interval Betwee
ahock, or his ert fellure. IMMEDIATE CAUSE (Finel disease or opnolition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO DUE TO DUE TO DUE TO	O OR AS A CONSE	COUENCE C	not enter	r the me	M	tau	: En		AUTOPSY IMED?		Interval Betwee
shock, or haert feilure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	a. OUE TO DUE TO DUE TO DUE TO	O OR AS A CONSE	COUENCE C	not enter	r the me	M,	uO+	Part I.	24a. WAS AN PERFOI	AUTOPSY IMED?		D. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS
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ahock, or haert feilure. IMMEDIATE CAUSE (Finel disease or condition reaulting in dasth) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER DE DEATH Natural 5 Pending investigation 2 Accident Suicide 6 Could not be determined	a. OUE TO a. OUE TO b. OUE TO c. DUE TO d. Ona contributing to what contributing to linear contributing to some contributing	DO OR AS A CONSE O OR AS A CON	COUENCE COUENC	OTHE 4 Number of JURY M. street, fac	r the me	LACE OF D THE SET OF T	given in	Part I. B Other 28d. DEst 28f. LOC City a to the case a time, data	24a. WAS AN PERFOI 1 YES 2 TO SCRIBE HOW I CATION (Street or Town, State) LATION (Street or Town, State)	AUTOPSY IMED? INJURY OCI and Number Inner as staf	24I CURED or Rurel net cause E SIONE	Interval Betwee Onset and De Conset and De C

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Edith R. Erns	st.		24				2. DATE OF OEATH	9	W	TIME OF DEATH 7:45 M
60 40 0006		GE (In yrs. lest bi		UNDER 1 YEAR	1	HRS.	7. DATE OF BIFTH (Month, Day, Year)	, 10	Coumbart	Great Br
Washington Adve		ospita			oma P		тн		ntgo:	mery
RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Md Prin	ce Georg		loc city, t	OWN OR LOC	CATION					d. INSIDE CITY LIMITS? YES 2 NO
00. STREET AND NUMBER 12703 Sholton	St.			T	2077	2			S . A .	T COUNTRY?
1. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	2. WAS DECEDENT EV FORCES? 1 1 1 JF YES, GIVE WAR (YES 2 NO		II yes,		Mexican	C ORIGIN? (Specify Yee, Puerto Rican, atc.)	or No- 1	4. RACE — Black, W Specify:	American Indien, hite, atc. White
15. DECEDENT'S EOUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of work o NOT use n	etired.)	most of working		166. KIND OF BUS	SINESS/INDU	STRY	
7. FATHER'S NAME (First, Middle, Last) David Ivor	Rhys					er's nam Edi	E (First, Middle, Melden	Sumame) Hall		181
90. INFORMANT'S NAME (Type/Print) livia Gessel							Largo,			2
20a. METHOD OF OISPOSITION Burlel 2 Cremetion 3 Remova Donation 5 Other (Specify)	al from State	20b. PLACE AN of cometany, or I ON LO	ND DATE O	F DISPOSITION			DATE 20c. LO	CATION - CI	lty or Town,	
11. SIGNATURE OF FUNERAL SERVICE LICEN 23. PART I. Enter the diseases, or con	to	Enli	~		akoma	1	neral Ho		54 C	arroll S
ahock, or haert fellure. Lis			h. Do not	enter the r	node of dyln	/		1/1		shington Approximate interval Between
shock, or haert fellure. List IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	on each lina.	ENCE OF):	W.	ande of dyln	g, such		Iratory arre	et,	shington Approximate
shock, or haert fellure. List IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO (OR	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE	ENCE OF):	ex essis u	orla f	ng, such	as cardiac or reap	eulo	24b. WW	shington Approximate interval Between
shock, or haert fellure. List immediate cause or conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inklated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that inklated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENT AS A CONSEQUEN	ENCE OF):	the underly	ring cause gl	yen In I	Part I. 24a. WAS AN PERFOI	eulo	24b. WW	Approximate Interval Between Onset and Death Onset and Death Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Interval Between Death Onset Interval
shock, or haert fellure. List immediate cause. Conditions of the first immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions of the first immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions of the first immediate devents resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENT AS A CONSEQUEN	ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF):	tha undariy 26. 27 HER: Nursing H Nursing H 1 [PLACE OF DE.	ven In I	Part I. 24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED?	24b. W/AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Shington Approximate Interval Between Onset and Death Onset and Death ERE AUTOPSY FINDINGS ANLABLE PRIOR TO IMPLETION OF CAUSE DEATH? TYES 2 NO
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7610 Carroll

31. DATE FILED (Month, Day, Year) FEB 4 '92

Mcl. 20912

PK

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFIC	ATE O	FDEATH		REG. NO.			
1. DECEDENT'S NAME (First				. 0.40			2. DATE O	F DEATN DA	ν .	YEAR	3. TIME OF DEATH
MORR				LAM	Ear	1		2/	3	92	1845
4. SOCIAL SECURITY NUMBER 243-30-9625		5. SEX 1 X M 2 - F	6. AGE (In yrs		UNDER 1 YEAR			F BIRTN Day, Year) 5, 19	927	Countr	NPLACE (State or Foreign ny) nigan
9a. FACILITY NAME (If not in	stitution, give s	treel and number)		96	b. CITY, TOW	OR LOCATION OF D	EATN	J, 1		INTY OF D	
5 hady 6	rove	, Adver	ntisi	+ HOSP	13	ockvill	1-		70	loni	foncey
10e. STATE	10b. COUNT	Υ		10c. CITY, T	OWN OR LOC	ATION					10d. INSIDE CITY
Maryland	Montg	omery		Gaitl	hersbu	rg					1 💢 YES 2 🗌 NO
100. STREET AND NUMBER 56 Orchard	Drive					101. ZIP CODE 20878					WHAT COUNTRY?
11. MARITAL STATUS	DITVE	12. WAS DECEDENT	EVER IN U.S	ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN?	(Specify Yea		L 14. BACI	E — American Indian,
1 Never Merried 2 XX 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W	X YES 2	□ NO	If yes,	specify Cuban, Mexico ES 2 NO Specif	nn, Puerto Ri			Speci	k, White, atc.
15. DEC	EDENT'S EDU	CATION	16a	. DECEDENT'S US	UAL OCCUPA	TION .	16b. I	KIND OF BUS	INESS/IN	DUSTRY	WILLEC
(Specify on Elementary/Secondary (I	y highest grade	College (1-4 or 5+		(Give kind of work life. Do NOT use n	k done during .		1000	-11			
12	-12,	College (I-4 bit 5 +		rinter			Pr	intin	ıg		
17. FATNER'S NAME (First, N	hiddle, Last)					18. MOTNER'S NA	-				
Frank Morr	ow					Lillian	n UNK	KNOWN			
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING AD	DDRESS (Street	t end Number or Rural	Route Numbe	r, City or Tow	n, State, Zi	ip Code)	
James E. Mo	rrow			same as	s #10						
20e, METNOD OF DISPOSIT 1 ☐ Burlet 2 🎇 Cremette	ION 2 - Page	and then State	20b. PL/	ACE OF DISPOSITI	ON (Name of	cemetery, cremetory or		20c. LO	CATION -	- City or To	own, State
4 Donetion 5 Other	(Specify)	IOVAI Trom State		ropolita	an Cre	matory		Alex	andı	cia,	Virginia
21. SIGNATURE OF FUNERA	L SERVICE	CENSEE				AND ADDRESS OF FA		20			
* '\	~ (\sim		моого		L. Deer Pa			than	cahur	g, MD 208
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition, list any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuted initiated events resulting in death) LAS	nal	a. Grand DUE TO b. AUTE DUE TO c. DUE TO d.	Post (or as a col Levic	NSEQUENCE OF:							Interval Betwoonset and Da 24111111111111111111111111111111111111
PART II. Other significa	ent condition	ns contributing to	death but n	ot resulting in	tha undarly	ing cause givan in	Part I.	24a. WAS AN		24b	b. WERE AUTOPSY FINDIP
							_	PERFOR			AVAILABLE PRIOR TO COMPLETION DE CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1	TO MEDICAL				26.	PLACE OF DEATH (C	heck only one)			
EXAMINER?		HOSPITAL:	ER/Outpatier		THER:	ome 5 🗆 Residence	8 🗆 Other	(Specify)			
27. MANNER OF DEATN 1 Netural 5	Pending	28s. DATE OF (Month, D		28b. TIME (OF 28c.	NJURY AT WORK?		CRIBE NOW I	NJURY O	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be determined	28e. PLACE O building,	F INJURY — A etc. (Specify)	At home, farm, stre				TION (Street r Town, State)		er or Rural	Route Number,
onel only		SICIAN: To the best of ER: On the bests of e									(e) end menner ee state
296. SIGNATORS AND TITL	E DF CERTIFIE	RIL M	••			29c. LICENSE NU	IMBER		29d. D/	TE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS O		HO COMPLETED CAUS	SE OF DEATH			Dur	12.	D	10	1/-	2
31. DATE FUED (Month, Day	3CC14		R'S SIGNATUI		SICIM	17 CH 4	イレレ	KOC	1CV1	1ce	MD
11.6	92	32 REGISTRA	vidsor-	Pondelle						/	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.—Curs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

20 x

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR	TMENT O	F HEA	LTH /	AND I	MENTAL	HYGIEN REG. NO	E	16	04/31
Н	1. DECEDENT'S NAME (Fire		ROVER A.	в.	Į	LLION	S, S			2. DATE O	RUAR	AY D /	YEAR 991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM 220-26-121. 9e. FACILITY NAME (# not	5	5. SEX	6. AGE (In yrs. le:	st birthday) YRS.	IF UNDER 1 YE MONTHS DA	AR JF	UNDER 2	MIN.	7. DATE Of (Month), 8/20			s. BIRTHE Country Mary	LACE (State or Foreign
OB	PENINSUL	GENER	AL HOSPI	TAL		9b. CITY, TO	SAL]	I S B U	RY RY	EATH		9c. COU	Wicos	irco
L DIRECTOR	PRESIDENCE OF DE 10e. STATE MD	Some			10c. CIT	y, town or L Maj	rion	St	atio	on				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	6641 Char		nnon Road	1			101, ZIP	218	38			10g. CIT		HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 2 3 Wildowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	If ye	DECEND , specify YES 2	Cuban,	Mexica	NIC ORIGIN? in, Puerto Ric y:	(Specify Yea	or No—	14. RACE Black, Specify	- American Indien, White, atc.
COMPLETED	15, DE (Specify or Elementary/Secondary (Grade 2	CEDENT'S EDUI ity highest grade (0-12)	CATION completed) College (1-4 or 5	(G	CEOENT'S live kind of a Do NOT us		PATION g most of	working			rain			11
BE CON		Elliot	tt						Jul	ME (First, Mic	ssick			
10	Betty Lou 1	Landon	(daughte	r)	4073	AOORESS (Str	onv	ille			Crisf	ield,	MD	21817
	1 X Burial 2 Cremati 4 Donation 5 Othe	on 3 🗆 Remo		20b. PLACE	Paul	of Disposition ther place)	ter	y Y	2,	/8/92			City or Tow	on, State
	21. SIGNATURE OF FUNERAL		Bus	Lleun	J	Bı		haw	& 5	Sons 1				D 21817
CERTIFICATION	23. PART I. Enter the calcook, or it immediate CAUSE (F) disease or condition resulting in death) Sequentielly list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or injuthed initiated events resulting in death) LAS	tions, diete	s. Our To	t ceused the dese on each line (OF AS A CONSECTION AS A CONSE	DUENCE OF	hyelo			g, suci	h aa cardla	c or reapl	ratory arr	est,	Approximata Interval Between Onset end Death
PHYSICIAN: MEDICAL CEF	PART II. Other algorific		a contributing to	death but not r	resulting i	n the under	ying ce	use giv	ren in		4a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? I YES AT NO
SICIAN	25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:	ER/Outpetlant 3	□ 20 4	OTHER:				eck only one)				
ву рну	27. MANNER OF OEATH	Pending Investigation	260. DATE OF (Month, De	INJURY	28b. TIM	URY	INJURY WORK?	AT		26d, DESCI		JURY OCC	CURED	
	3 Suicide 8 Homicide	Could not be determined	26e. PLACE Of building,	F INJURY At ho atc. (Specify)	me, farm, s	treet, factory, o	office			261, LOCAT City or	ON (Street a Town, State)	nd Number	or Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERT (CHECK only one) 2 MED	FIFYING PHYSIC	CIAN: To the bast of R: On the basis of as	my knowledgs, de amination and/or i	ath occurre	d at the time,	data and	place, a	nd dua	to the cause time, data ar	(a) and man	ner as state	od. o causo(a) (and manner as stated.
TO BE C	290. SIGNATURE AND THE	OF CERTIFIER					29c	b 2	SE NUM	IBER				Month, Day, Year)

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Setty Lou Landon (daug ter) 4071 Jac sonville Kd. - Crisfield, MD 21817

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Braisher . Inch St. - Crisfield, NL 21817

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- Sage	DIRECTOR		10b. COUNTY		
H.		MARYLAND		GEORGE'S	5
per	₩.	10e. STREET AND NUMBER	R		
n. ansit	FUNERAL	1836 METZER	COTT ROA	D UNIT	3-2
Sician ial-tr	5	11. MARITAL STATUS		12. WAS DECEDENT E	VER II
Phy Dury		-	Merried	FORCES? 1	YES OR D
5-C) BY	3 X Widowed 4 Div	orced		
BALTIMORE, MARYLAND 21215-0020 mous after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page or removal. medical examiner must be notified at once.	COMPLETED	15. DE (Specify of	CEDENT'S EDUCA	TION ompleted)	
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AN the hos detach	00	17. FATHER'S NAME (First, I	Middle, Last)		
4 8 4 ×	BE (JOHN J. E	GAN		
MAR retained 5 should notified		190, INFORMANT'S NAME			
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ay be		200 METNOD OF DISPOSE	TION		20b
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		1 🖾 Buriel 2 🗆 Cremete 4 🗆 Donation 5 🗆 Othe	on 3 Remov	al from State	cem
M dire		21. SIGNATURE OF FUNER.		VILEE	G,
Th. Interest		11-	. 1	0.0	
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BALTIM 1 24 hours after death. Page y filled in by the funeral din stion, or removal. the medical examiner		23. PART I. Enter the	lisesses pr co	mplications that cause	aused
24 hours filled in on, or re		shock, or I		st only one cause	оп е
12 E		diseass or condition	nar	OLRI	iV
RECORDS, P.O. BOX 68760, requires that the death certificate be executed within 24 een signed by the attending physician and completely filler of Health and Mental Hyglene prior to burial, cremation, shows any Injury, or other traumatic event, the		resulting in death)	8.	OUE TO (OF	
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and and math	ō	Sequentially list condi-		DUE TO (OF	7
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ficate phys	윤	CAUSE (Disease or Injustrate Initiated events		DUE TO (OF	AS A
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P ceath atten tail h	赏		d.		
the d	يد	PART II. Other signific	ant conditions	contributing to de	ath b
d by and	2	MULTIN	FARCT	BRA	IN
ires signe signe featth			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1-1-1	
PR required to of the o	Σ				_
AL RECORDS, P.O. BOX 687(to law requires that the death certificate be executed has been signed by the attending physician and com Dept. of Health and Mental Hygiene prior to burial, 23 shows any injury, or other traumatic en	AN	25 WAS CASS SERVED			
VITAL RECORDS, P.O. BOX 68760, IAN: The law requires that the death certificate be executed within thicate has been signed by the attending physician and complete state Dept. of Health and Mental Hygiene prior to burial, crem. In item 23 shows any Injury, or other traumatic event,	D D	25. WAS CASE REFERRED 1 EXAMINER?		IOSPITAL:	
0 55	PHYSICIAN: MEDICAL CERTIFICATION	1 YES 2 NO		☐ Inpatient 2 ☐ EF	
PHYSIC this cer with th	표	27. MANNER OF DEATH		28e. DATE OF INJ (Month, Day,	
	BY	2 Accident	Pending Investigation		
NOING NOING R: After er death		3 Suicide 6	Could not be	26e. PLACE OF IN	
ATTA ATTA	1	4 Nomicide	datermined		(Opool
DIVISION TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT: If item 28 is man	BE COMPLETED	29e. CERTIFIER	TIFYING PHYSICIA	N: To the best of my	know
	M	000)		On the basis of exam	
HOSF	8			The second of exami	
TO THE HOSPITA TO THE FUNERA De filed within 7.	3E	295. SIGNATURE AND TITLE	OF CENTIFIER	101	
5 5 3 7	TO E	Justin	MW	1 W	
OCT	F	30. NAME AND ADDRESS O	F PERSON WHO C	OMPLETED CAUSE O	F DEA
20					
		31. DATE FILEO (Month, Day,	Year)	32. SEGISTRATS	29N
		FFR 11	92	Juna	THO
				1 10	

1. DECEDENT'S NAME (First,		GEORGE							2. DATE O			YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		S. SEX		an			_				0 හ -	92	9:45 MY.
215-10-9257	7	1 M 2 - F	6. AGE (In yrs.	(ast birthday)	MONTHS .	DAYS	HOURS	MIN.	7. DATE OF (Month)	Day, Year)	1	a. BIRTN Country NEW	•
De. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY,	TOWN	OR LOCAT	ION OF D		, 1,0		NTY OF DI	
HOLY CROSS	HOSP	ITAL			SII	LVE	SPE	RING			M	ONTG	OMERY
0e. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION	_					10d. INSIDE CITY
MARYLAND	PRINCI	E GEORGE	15		ADELI	тис							LIMITS? 1 YES 2 NO
0e. STREET AND NUMBER	I ILLIIO	<u>oborton</u>		-	וחקומה	-	. ZIP COD	E			10a, CIT	IZEN OF W	HAT COUNTRY?
1836 METZERO	TT RO	AD HINTT	G-23				20	783					
1. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. W	AS OEC	ENDENT	OF HISPA	NIC ORIGIN?	Specify Yes	or No.	USA 14 BACE	- American Indian
Never Merried 2 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V	YES 2 K	ОиО	If 1	yes, sp	ecity Cubi	en, Mexico Specii	en, Puerio Ric ly:	an, etc.)	01110-	Specif	
15. DEC	EDENT'S EDUC	CATION	16a:	DECEDENT'S	USUAL OC	CUPATIO	ON.	_	405.10	MD 05 PHO			ITE
(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5 -		(Give kind of w life. Do NOT us	vork done di	uring mo	st of worki	ing	160. A	IND OF BUS	INESS/INI	DUSTRY	
12	12/	Conega (1-4 or 5	"	MARBL	E MAS	ON			F	EDERA	T CO	WEDW.	MENT
. FATHER'S NAME (First, Mi	ddle, Last)			THREE	D IMIL	OIN	18, MOT	HER'S NA	ME (First, Mid			VERNI	MENI
JOHN J. EC	AN						100		ET E.		,		
o. INFORMANT'S NAME (7)	pe/Print)			19b. MAILING	ADORESS	(Street a						Code)	
ANNE T. CAH	HILL	(DAUGH							G-23				LAND 20783
Buriel 2 Cremetio	ON			E AND DATE O				1110	OATE	_		City or Toy	
□ Donation 5 □ Other	(Specify)	IVEI From State	GATE	OF H	her place)	CE	METE	'RV	2/11				G, MARYLAND
BONATURE OF FUNERAL	SERVICE LICE	ENSEE		01 111	22. N	AME AN	ID ADDRE	SS OF FA	CILITY				
X/im	thin	DIP.		.11	FRA	NCI	S J.	COL	LINS	FUNER	AL H	OME,	INC.
PART Enter the di		X/. (1)	mpu	u	500	UN	IVER	SITY	BLVD	.,W.	SIL.	SPR.	MD.20901
PART I. Enter the di- shock, or he	srt faffare. L	ist only one cau	se on each li	death. Do n ne.	ot enter t	he mo	de of dy	ing, suc	h as cardia	c or reapir	atory an	reat,	Approximate Interval Between
MMEDIATE CAUSE (Fin	nl .	0.40	1 6				a	0	1 000				Onset and Death
esuiting in death)	,	C410	OR AS A CONS	ASC	ULA	R	U	ull	A PSE				
						-11	1,1	1_					
equentially list condition		440	OF AS A CONS	114	-17>	11	14/	17					
any, leading to immed ause. Enter UNDERLY!!	liste			EOUENCE OF):	10	=0		-				
AUSE (Disease or Injur		SOVE	OR AS A CONS	DKI	C	7 (ON	071	7				
	TO 101	502 10	CHOO A CA NO	EUDENCE OF):								
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hat Initiated events esuiting in desth) LAST	t conditions	contributing to	death but not	reaulting li	n the und	erivino	CSURA 4	alven In	Part I a	a Mac au a	IITOpev	045	WEDE AUTODOL THINGS
hat initiated events esuiting in desth) LAST		contributing to	A	resulting in		eriying	csuse (given in		Ia. WAS AN A	IED?		AWAILABLE PRIOR TO
PART II. Other significar		contributing to	A	- 1		erlylng	csuse (given in			IED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

OTHER:

| OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OTHER: | OT 28d. DESCRIBE HOW INJURY OCCUREO

26c. INJURY AT WORK?

- At home, ferm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

J 10101

28. PLACE OF OEATH (Check only one)

edge, death occurred at the time, date and place, end due to the cause(s) end menner as atated,

28b. TIME OF INJURY

end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner se stated. 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

ATN (ITEM 27) (Type, Print)



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
w requires that the	been signed by the	shows any Inju
PHYSICIAN: The la	r this certificate has h with the State Der	arked, or item 2:
TAL OR ATTENDING	AL DIRECTOR: After 72 hours after deat	If item 28 is ma
HUSPIT	UNER	ANT

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTI					IENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) DORIS	DONOVAN	FELIX					2. DATE OF DEATH FEBURARY	3,19	9 ZEAR	3. TIME OF DEATH 7:21pm M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthde)	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Countr	"
	570-20-7787 9a. FACILITY NAME (If not institution, give :	A	THS.		r, TOWN C	R LOCATI	ON OF DEA	EPT 18,197		MASH	INGTON.D.C.
OB	DOCTORS COM	MUNITY HOS	SPITAL	LAN	HAM-	SEAB	ROOK		PRI	NCE (GEORGE'S CO.
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. C	TY, TOWN	OR LOCAT	ION					10d. INSIDE CITY
		CE GEORGE t	S	НҮАТ							LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 4208 73RD AVENUE				101	. ZIP COD			10g. CITI		VHAT COUNTRY?
NO.	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13.				C ORIGIN? (Specify Yes	or No—	IISA 14. BACE	E — American Indian, k, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			1 TYES	2/1 NO	n, Maxican, Specify:	, Puarto Rican, etc.)		Speci	ffy:
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT	of words done	discina me	ON set of working	10	16b, KIND OF BUS	INESS/INC		HITE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	IIIe. Do NOT	use retired.)	during inc	at or working	79				_
OM	17. FATHER'S NAME (First, Middle, Last)		LSECRETA	ARY		18. MOT	NER'S NAM	LABOR DI		'MEN'	1
BE C	DENNIS DONOVA	N				E	1MA H	EMPLER	13153		
2	19a. INFORMANT'S NAME (Type/Print) RICHARD D. HAYRE	(NEDII						oute Number, City or Town			
	20a METHOD OF DISPOSITION 1 A Burlet 2 Cremetton 3 Rem		206. PLACE AND DAT	E OF DISPO	SITION (No		LLVER	SPRING, MA	ARYLA CATION —		
	4 Donation 6 Other (Specify)		FORT LIN	COLN	CEM			2/6 BRENT	TWOOD	, MAF	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		F	RANC	IS J.		LINS FUNE			
	23. PART i. Entar tha disessea, or	complications that co	sused the deeth. Do	50 not ante	00 U	NIVEI	RSITY	BLVD., W.	SIL.	SPR.	, MD . 20901
	shock, pr haert failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	s. Septi	on each line.	ØM.		,					Onset and Peath
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	c	R AS A CONSEQUENCE								
MEDICAL	PART V. Other aignificent condition (WLIMMO VI)		brancho		Sent	O A		Part I. 24s. WAS AN PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:		EATH (Chec				
PHYSICIAN:	27. MANNIER OF DEATH	26s. DATE OF INJ		IME OF	28c. INJ	URY AT		Other (Specify) 28d. DESCRIBE HOW IN	JURY OCC	CURED	
ВУ Р	1 Neturel 5 Pending 2 Accident Investigation	(Month, Day,	Year)	NJURY M		PRK? YES 2	NO				
0	2 Suicide s Obuild not be determined	28e. PLACE OF IN building, etc.	JURY — At home, tern . (Specify)	n, atreet, fac	tory, offic	•		28f. LOCATION (Street a City or Town, State)	nd Number	or Rural R	loute Number,
COMPLET	290. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of my ER: On the basis of exam									and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE V Q V Q V Q V Q Q Q Q Q Q Q Q Q Q Q Q	my WW	m Ms),		29c, LIC	NSE NUME	SER U	29d. GAT	E SIGNED	(Mg/fin, Day, Year)
	FREDERICK HENRY				PΩT.	rs pr	, uv	ATTSVILLE,	MD 2	078/	
	31. DATE FILED (Month, Day, Your) FFR = 7 1992	A RE POUNDS		THINK	TOD.	רט זעד	• 1111	CITO A TUTE,	7 CII.1	0704	
	FFR - (1925										

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	O. BOX	
	RDS, P.	
	RECORI	
	- VITAL	
	INISION OF	
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10 THE HOSPING, DHE PRINCIPAL, THE ISW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical and completely filled in the funeral director, page 5 should be detached for use as the burit has falled within 20 bours after death with the State fam of Hearth and Mental Human price to hard comment or comment.		The second section of the second section of the second section of the second section s
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page the funeral director, page the filled within 72 hours after death with the State hand of Health and Mental Hunten prior to hard on the filled within 12 hours after death with the State hand of Health and Mental Hunten prior to hard on the filled in the filled within 12 hours after death with the State hand of Health and Mental Hunten prior to hard after the filled in the filled within 12 hours after the filled within 12 hours after the filled in the filled in the filled within 12 hours and filled in the fille	-	IN THE HUSPITAL OF ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may b
the filed within 25 hours after death with the State Sent of Health and Mental Notione prior to hurtal premation or comment	-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pans
	1	he filed within 72 hours after death with the State Bans of Health and Merical Purious notice to hurtral presentation or removal
		MONTANT if them 29 is marked as item 22 shows any injury as other beams also montant marked as a state of the second state of

	REGISTRAR		CERTIFIC	ATE OF D	EATH	MENTAL HYGI REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		_			2. DATE OF DEAT MONTH	DAY	YEAR 3. TIME OF DEATH P
	MARGARET LON 4. SOCIAL SECURITY NUMBER 5.			UNDER 1 YEAR	IF UNDER 24 HRS.	FEB 3		12:20
		□ M 2 □ F	76 YRS. MO	HTHS DAYS H	IOURS MIN.	OCT 26	1915	8. BIRTHPLACE (State or Foreign Country) VIRGINIA
CTOR	NATIONAL NAVAL M			BETH		тн		ONTGOMERY
L DIRECTOR	10a. STATE 10b. COUNTY MARYLAND MONTG 10a. STREET AND NUMBER	OMERY		OWN OR LOCATION	E			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	13711 FLINT ROCK R	OAD WAS DECEOENT EVER IN			20853		UNI	TED STATES
B	1 Never Married 2 M Married	FORCES? XX YES IF YES, GIVE WAR OR DA	2 100	If yes, specif		C ORIGIN? (Specify, Puerto Rican, etc.		14. RACE — American Indian, Black, White, atc. Specify: WHITE
PLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON Dieted) Dilege (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re Administr	done during most o			BUSINESS/INDU	USTRY
COMPL	17. FATHER'S NAME (First, Middle, Last)		1100000000			N.I.I		
BE	JOHN JAMES LOND	ON	10h MAILING AO	ORESS (Street and	ANNIE	PAXTON	LADY	
5	WARREN M. Fowlkes	Lan	13711	FLINT R	OCK ROAL	, ROCKV	ILLE, M	ID 20853
	1 X Burlel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State Come Ar	PLACE AND DATE OF D etery, crematory or other lington N	ational	Cemeter	y A	rlingto	n, Virginia
	Michael 2.	Digins	M00846	Robert Inc., 3 Rockvil	ADORESS OF FACE A. Pump 00 West 1e, Mar	hrey Fur Montgom yland 2	eral Hery Ave	ome/Rockville, enue 805
	23. PART I. Ester the diseases, or compshock, or heert failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	only ona cause on ee	the death Do not	entar the mode	of dying, such	as cardiec or re	espiratory arre	st, Approximeta interval Between Onset and Daath
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	END STAGE CONSEQUENCE OF):	RENAL	INSUFFIC	CIENCY		
O	PART II. Other algnificant conditions co	ntributing to death bu	it not resulting in th	na underlying ca	ause given in Pr	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
5						- 1.0	2 X NO	OF DEATH?
N: MEDICAL								311.88513555.545.8861355
'SICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL. EXAMINER? 1 YES 2 NO 1 1	BPITAL:		26. PLACE THER:	OF DEATH (Check			- 11, may 1, 550 - 20 may 1, 5
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1	SPITAL: Oxpatient 2 CEROUspe 28s. DATE OF INJURY (Month, Day, Year)		PHER: Nursing Home 5 28c. INJURY WORK?	AT 2		W INJURY OCCU	- 11 (100 (1) (100 (1) (100 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1	Ongatient 2 ☐ ER/Outper 28s. DATE OF INJURY	286. TIME OF INJURY	HER: Nursing Home S 28c. INJURY WORK? M 1 YES	AT 2	Other (Specify) 28d. DESCRIBE HO	er and Number o	- 11 (100 (1) (100 (1) (100 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
BY PHYSICIAN:	EXAMINERY 1 YES 2 X NO 1 HQ 27. MANNER OF DEATH 1 Neture S Pending Investigation 2 Accident Investigation 3 Subside 6 Caute not be determined 29s. CERTIFIER CERTIFYING PHYSICIAN:	Oxpatient 2 ☐ ERPOstper 28s. DATE OF INJURY (Morth, Dec. 19se) 28s. PLACE OF (NJURY - building, etc. /Specif To the beat of my knowle	attent 3 DOA 6 E	THER: Nursing Home 1 28c. INJURY WORK! M 1 VES I, factory, office	AT 2 NO 2	Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Specify or Texts. 26 28f. LOCATION (specify) 28f. LOCA	ext and Number or	Plural Pisote Numbec
BE COMPLETED BY PHYSICIAN:	EXAMINERY 1 YES 2 X NO 1 HQ 27. MANNER OF DEATH 1 Neture S Pending Investigation 2 Accident Investigation 3 Subside 6 Caute not be determined 29s. CERTIFIER CERTIFYING PHYSICIAN:	Oxpatient 2 ☐ ERPOstper 28s. DATE OF INJURY (Morth, Dec. 19se) 28s. PLACE OF (NJURY - building, etc. /Specif To the beat of my knowle	attent 3 DOA 6 E	THER: Nursing Home 15 28c. INJURY WORK? M 1 VES I, factory, office The time, date and my opinion, death	AT 2 NO 2	Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Street, 26 City or Texes, 26 If the cause(s) and i	er and Number or stell manner as stated and due to the	Flural Fische Numbec Coune(s) and manner as stated. SIGNED (Munts, Day, Hear)
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Neture 5 Pending 2 Accident 3 Suitcide 4 Homicide CERTIFUER CHOCK Only MEDICAL EXAMINER: On	Department 2 ERPOlytope 28s. DATE OF INJURY (Morth, Day, You') 28s. PLACE OF INJURY building, etc. (Special To the best of my knowle the basis of examination	and/or investigation, in	THER: Norming Home 1 Sec. INJURY WORK! M 1 VES It, factory, office The time, date and my opinion, death	Figure and the to occurred at the time. LICENSE NUMBER	Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Street, 26 City or Texes, 26 If the cause(s) and i	manner as stated and due to the	Flural Floore Number Course(x) and manner as stated. SIGNED (Nount), Day, Hear)

Mary Marie V

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, P.O. BOX 6876	that the death certificate be executed
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VII AL RECORDS,	requires
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3. TIME OF DEATH 2. DATE OF DEATH NATHAN 92 FOREMAN MON - 30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Fo 172-07-4145 DAYS HOURS 12 M 2 □ F 86 YRS - 12 -1905 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SUBURBAN HOSPITAL **BETHESDA** MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY ROCKVILLE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 258 CONGRESSIONAL LANE #102 20852 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Il yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES BY WHITE COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 18a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Spec most of working Elementary/Secondary (0-12) College (1-4 or 5+) 12 SALESMAN SHOES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ ISSAC FOREMAN BELLA (UNKNOWN) notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 9 MARILYN SCHWARTZ 3817 DUNSINANE DRIVE, SILVER SPRING, MD. 20906 pe 20a. METHOD OF DISPOSITION
1 X Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must OATE JUDEAN MEMORIAL GARDENS 4 Donation 5 Other (Specify) 2/2 OLNEY, MARYLAND examiner 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ehock, or heert failure. List only one cause on each line. intervsi Between IMMEDIATE CAUSE (Finei the Onset and Death disease or condition -5 days ulmonau resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentisity list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury or other that initisted events resulting in death) LAST injury, PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE and shows any 1 YES 2 NO DF DEATH? 1 YES 2 NO of PHYSICIAN: has be Dept. te 23 25. WAS CASE REFERRED TO MEDICAL certificate h 28. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: ne 5 🗆 Rasidence 8 🗆 Other (Specify) 10 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED Is marked, with this 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident 28a. PLACE OF INJURY — A1 ho building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Homicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilms, data and place, and due to the cause(s) and manner as stated. THE FUNERAL (IMPORTANT: If 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE-OF CENTIFIES 29d. DATE BIGNED (Mprith, Day, Year) 29c. LICENSE NUMBER BE Kenan M D35579 92 223 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) miller, Hebrew Home Gtr. Wash. 6124 Montrose Rel Rockville mo mo O 31. DATE FILED (Month, Day, Year) 32. REGISTBAR'S SIGNATURE '92

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DIVISION OF VIEW INCOMES, TO SOA 19149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune side within 20 hours after death with the State Deat of Health and Mental Horison prior to hural compation, or removal	DECT
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	REGISTRAR 1. DECEDENT'S HAVE (Fig.	Afficiality, Carety	A +	/ / C	ERTIF	ICATE (OF D	DEAT	ГН		REG. NO.		46= 5	3. TIME OF DEATH
	Vel	WELL	V-FIM	Al ley						MONTH	6. 6	NY j	992	1015
	4. SOCIAL SECURITY NUMB	ER	s.\sex	6. AGE (In yes. A	birthday)	IF UNDER 1 Y		IF UNDER		7. DATE	OF BIRTH , Day, Year)		8. BIRTH	HPLACE (State or Foreign
	234-10-4241		1 D # 2 XX	86	J YRS.	MONTHS D.	AYS F	HOURS	MIN.		t. 29,	190		st Virginia
~	9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TO	WN OR	LOCATI	ON OF DE	EATH		9c. COU	NTY OF E	HTAS
DIRECTOR	604 Poplarw	rood P	lace			Gaith	ners	bur	g			Mon	tgom	nery
EC.	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR I	OCATIO	N .						10d. INSIDE CITY LIMITS?
	Maryland	Montg	omery		Gai	therst	urg	7						1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			·			101. Z	IP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY?
Ä	604 Poplarw	rood P						_	877		<u> – </u>		S.A.	
2	11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECEDEN FORCES? 1	YES 2 3	NO	If yo	s, speci	ify Cube	n, Mexica	in, Puerto F	? (Specify Yea Rican, etc.)	or No—		E — American Indien, ck, White, etc.
B	3 🔀 Widowed 4 🗌 Divo		IF YES, GIVE V	MAR OR DATES		1	YES 2	₩ NO	Specifi	y:			Spec	White
E		EDENT'S EDU highest grade		16a. E	ECEDENT'S	USUAL OCCL	PATION	of works		16b.	KIND OF BU	SINESS/IN	DUSTRY	WIIICC
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+)		work done duri se retired.)	ny most	OF WORKS	'V					
M	12			Ha	ir St	ylist					Salon			
	17. FATHER'S NAME (First, M	PALL TO									Aiddle, Meiden	Surname)		
B	Benjamin F		ar		ISP MAILING	ADDRESS (S				oher	ser City or Tou	n State 7	in Code)	
2	Louise Osbo			1		Boilir								20052
	20e. METHOD OF DISPOSITE	ION		20b. PLAC	E OF DISPO	SITION (Name				.WV.				own, Slate
	1 XIXeuriel 2 Cremation 4 Donetion 5 Content		oval from State	E1k \		Masoni	c Ce	emei	terv		Cla	rksb	urg.	West Virgi
	21. SIGNATURE OF FUNERA	L SERVICE LH	CENSEE			22. NA	ME AND	ADDRE	SS OF FA	LI HO				
	► X. 3	· (Fe	22		M008							ther	chur	g, MD 20877
CERTIFICATION	immediate cause (Fin disease or condition resulting in death) Sequentially list condition if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS	lons, diate ling	b. DUE TO	OR AS A COMS	EQUENCE C	e leve	te	u.	H	ear	P	vs-c	erl	Interval Between Onset and Death
MEDICAL	PART II. Other significa	ent condition	contributing to	death but not	e reaulting	in the unde	rlying	Ceuse	given In	Pert 1.	24s. WAS AN PERFOI 1 YES	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	26. PLA	CE OF E	EATH (C	ock only or	ne)			
PHYSICIAN:	1 TYES 2 THO		1 Inpatient 2		_	4 🗆 Nursin			esidence	_				
	1 Statural 5	Pending	28e. DATE OF (Month, L		28b. TH	JURY	WORI	K?	□ NO	28d. DES	CRIBE HOW	INJURY O	CURED	
B	a III de auto	Investigation	28e. PLACE (OF INJURY — At	home, farm,			.5 2 [28f. LOC	ATION (Street	end Numb	er or Rural	Route Number,
	4 Homicide	Could not be determined	building.	atc. (Specify)						City	or Town, State)		
COMPLEIED	294. CENTAPIEN 1 BICENT	ПРИЩО РНҮВ	ICIAN: To the best o	my knowledge,	death occur	red at the time	, date e	nd place	, end du	e to the car	use(e) and ma	nner ee st	nted.	
Š	2 MED	ICAL EXAMINI	ER: On the bears of a	munination end/o	or investigati	on, in my opir	vion, des	eth occu	red at the	time, dete	and place, e	nd due to	the cause	(e) end manner ee stated.
BE	296 BIGNATURE AND PITLE	OF CENTIFIE	1			11		29c. LIC	ENSE NU	MBER	21	29d. DA	TE SIGNE	D (Month, Day, Year)
2	30. NAME AND ADDRESS O	F PERSON WO	HO COMPLETED NA	BE OF DEATH (1)	EN 27 /3-	IV W		1	0'	14	11		Feb.	6, 1992
	Paul T. Noon			Edmons)7 R	lock	vil1	e, M	arylar	nd 20	852	
	31. DATE FILED (Month, Day.	Market Street	32. REGISTRA	AR'S SIGNATURE		, _ (- ,				
		THE R. P. L.	27. 27	Davidone	700									

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTII	FICATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATN	- conti	3. TIME OF DEATN	
	Marian Jane For	eman				Februa:	cy 8, 1	992	11:28 Am	
	4. SOCIAL SECURITY NUMBER 219 14 0991	5. SEX 1 M 2 1 F	B. AGE (In yrs. last birthday, 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIN (Month, Day, July 1	PTN Year)	8. BIRTI Count	NPLACE (State or Foreign	
OR	9e. FACILITY NAME (If not institution, give s Suburban Hospita				or Location of D		9c. C0	%c. COUNTY OF DEATH Montgomery		
DIRECTOR	RESIDENCE OF DECEDENT 10. STATE 10b. COUNT Maryland Mont	gomery		TY, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER #3 Enid Court			16	10f. ZIP CODE 20854				WHAT COUNTRY? States	
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, s	CENDENT OF NISPA Hecify Cuban, Mexico 3 2 NO Specif	n, Puerto Rican,	cify Yes or No-	- 14. RAC	E — American Indian, ik, White, etc.	
	15. DECEDENT'S EDU		16e, DECEDENT	S USUAL OCCUPATI	ON	16b, KIND	OF BUSINESS/I	INDUSTRY		
COMPLETED	(Specify only highest grade	Coffege (1-4 or 5 +)	life. Do NOT	work done during m use retired.) Secreta:			orney's		ce	
E CON	17. FATNER'S NAME (First, Middle, Lest) Edward T. Foreman					MME (First, Middle, Ce Mitch)		
TO BE	19e. INFORMANT'S NAME (Type/Print) Jane E. Goforth				et N.W.				20009	
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State	20b. PLACE AND DATE cometery, crematory or Montgome:	of Disposition (Nother place)	eme of 2-10-9				own, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	M00689	22. NAME A Home/I	ND ADDRESS OF FA	Chevy	chase;	Pumph Inc.	rey Funeral 7557 Land 20814	
	23. PART I ferrer the diseases, or hoose, or heart failure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	List only ona cause	on each lina.				r reepiratory a	Brrest,	Approximats Interval Between Onset and Death	
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Congestive Card long openy Due to (OR AS A CONSEQUENCE OF): L'S Chemic heart disease Due to (OR/AS A CONSEQUENCE OF): The translative is conditions, if any, leading to immediate cause. Enter UNDERLYING Due to (OR/AS A CONSEQUENCE OF): Atheroscle of card lovascular disease (1)									
CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE (
MEDICAL	PART II. Other significant condition Chronic ven tudy cardia		Miciery &	Vandric		F	MAS AN AUTOPS PERFORMED? YES 2 MAG	Y 246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF OEATH (Ch	eck only one)				
BY PHYS	1 N YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	Year) IN	ME OF 28c. IN. WY			HOW INJURY O	CCURED		
- 1	1 266 PLACE OF INJURY At home form street factory office							Route Number,		
COMPLETED			y knowledge, death occur mination end/or investigati						e) end menner ee stated.	
TO BE (9 - 5	rand u)			29c. LICENSE NUI	791	29d. D/	28	Month, Day, Year)	
	20. NAME AND ADDRESS OF PERSON WH	9 ms 10	1401 018 E	o, Print) Deorgetou	n Ro	Berha	sda	M	4805	
	FFR 10 '92	Part Davids	s sight will all							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page hilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 20 the filled than 22 should be detached for use as the burial-transit permit. Pages 1, 20 the filled than 22 should be detached for use as the burial-transit permit. Pages 1, 20 the filled than 22 should be detached for use as the burial-transit permit. Pages 1, 20 the filled than 22 should be detached for use as the burial-transit permit. Pages 1, 20 the filled than 22 should be detached for use as the burial-transit permit. Pages 1, 20 the filled than 22 should be detached for use as the burial-transit permit. Pages 1, 20 the filled than 22 should be detached for use as the burial-transit permit. Pages 1, 20 the filled than 22 should be detached for use as the burial-transit permit. Pages 1, 20 the filled than 22 should be detached for use as the burial-transit permit. Pages 1, 20 the filled than 22 should be detached for use as the burial-transit permit. Pages 1, 20 the filled than 22 should be detached for use as the burial-transit permit. Pages 1, 20 the filled than 22 should be detached for use as the burial-transit permit. Pages 1, 20 the filled than 22 should be detached for use as the burial-transit permit than 22 should be detached for use as the burial-transit permit than 22 should be detached for use as the burial-transit permit than 22 should be detached for use as the burial-transit permit than 22 should be detached for use as the burial-transit permit than 22 should be detached for use as the burial-transit permit than 22 should be detached for use as the burial-transit permit than 22 should be detached for use 21 should be detached for use 21 should be det IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	CATE OF C	EATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest) MAJOR GENERAL ROBERT	NEUTLIE GI	MCDUDON			2. DATE OF DEATH DON'TH D	AY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	NEVILLE GI				FEB 3 1		11:50 M
	578-18-2564	1 M 2 D F	68 YRS.	ONTHS DAYS H	F UNDER 24 HRS. DURS MIN.	7. DATE OF BIPTH (Month, Day, Year) NOV 19 1		BIRTHPLACE (State or Foreign Country) KLAHOMA
TOR	9a. FACILITY NAME (If not institution, give a NATTONAL NAVAL M RESIDENCE OF DECEDENT			BETHE		EATH	9c. COUNTY MONT	OF DEATH GOMERY
E C	10a. STATE 10b. COUNTY			TOWN OR LOCATION				10d, INSIDE CITY
FUNERAL DIRECTOR	MARYLAND MON	ITGOMERY		CHEVY C	HASE			1 X YES 2 NO
VERA	5319 OAKLAND RO	OAD			20815			OF WHAT COUNTRY? TED STATES
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced							RACE — American Indian, Black, White, atc. Specify:
G	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	IIAL OCCUPATION		16b. KIND OF BUS	1	WHITE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use r	k done during most o etired.)	working !	DEFE		RY
N	17. FATNER'S NAME (First, Middle, Last)							
BE C	ABRAM ROBERT	GINSBURGH			ELSI	ME (First, Middle, Maiden IE BULLITT	PINNEY	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DDRESS (Street and	lumber or Rural R	Toute Number, City or Tow	n, State, Zip Cod	(e)
-	GAIL W. GINSBURGH		5319 0	AKLAND R	OAD. CH	EVY CHASE	MD 20	1815
	20a. METHOD OF DISPOSITION 14 Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State 20	b. PLACE AND DATE OF	DISPOSITION (Name	of	DATE 20c. LO	CATION - City	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE)			STYSONS, I		
	menay	CE. MU	Lan			N AVE. WAS		
	23. PART I. Enter the diseasea, or cenock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. M	IYELODYSPLA A CONSEQUENCE OF):					Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):					
H		1						
	PART II. Other significent conditions	a contributing to death t	out not resulting in t	he underlying or	una abusa la l	Don't las una su	T	
MEDICAL				ino diluonying ci	use given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
z								
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE	OF DEATN (Che	ck only one)		
Š	1 TES 2 XNO	HOSPITAL: 1 Inpatient 2 □ ER/Out		THER: Nursing Home 5	□ Residence (6 Other (Specific)		
Y PHYSICIAN: M	27. MANNER OF DEATN TO Natural 5 Pending Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJURY WORK?		28d. DESCRIBE NOW IN	LIURY OCCURE	D
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	25s. PLACE OF INJURY building, etc. (Spe-	/ — At home, tarm, stre- city)			28f. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,
COMPLETED		CIAN: To the best of my know						
8	2 MEDICAL EXAMINER	R: On the basis of examination	n and/or investigation, i	n my opinion, death	occured at the f	lime, data and place, and	dua to the cau	se(a) and manner as stated.
8	296. SEMATURE AND TITLE OF CENTIFIER	w		29	12292	BER	29d. DATE SIG	NED (Morith, Day, Year)
٥	AND ADDRESS OF PERSON WITE				ATIONAL	NAVAL MEI	ICAL C	ENTER
	K. E. ZAWACKI, 1 31. DATE FILED (Month, Day, Year)			В	LINESDA	, FID 2088	-5000	
	FEB 5 '92	32 harstand's sign	- House					

Appropriate Contract of

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DIVISION OF VITAL RECORDS, P.O. BOX 6876	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic ev
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	1. DECEDENT'S NAME (FIX	PANK	< A. (CALI	Po					2. DAT		pay 5	YEAR 92	3. TIME OF OEATH
I	4. SOCIAL SECURITY NUM	MBER	5. SEX				IDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year)			8. BIRT	HPLACE (State or Fore	
L	577-09-7239		1 M 2 □ F	80	YRS.	MONTHS	DAY8	HOURS	MIN.		h_9 19	11	Coun	hinoton N
ı	9a. FACILITY NAME (If not	institution, give s	street and number)			9b. CITY, TOWN OR LOCATION OF OEATN					NTY OF	DEATH		
L	HOLY Cross H	<u>bspital</u>				Silver Spring,						Ma	ntga	ery
I	10a. STATE	10b. COUNT	Υ		10c. CIT	TY, TOWN OR LOCATION								10d. INSIDE CITY
L	MD	Mont	tgamery		Si	ilver S	prin	g						LIMITS?
	10e. STREET AND NUMBER	R			14		10f.	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
L	12205 Galway	Drive						20904				US	A	
11. MARITAL STATUS 1 Never Married 2 Married		Merried	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 NO			13. W	S DECE	NDENT (OF HISPAI	NIC ORIG	IN? (Specify Ve Rican, etc.)	a or No-	14. RAC Blac	E — American Indian
14	3 Widowed 4 Div	-	IF YES, GIVE V	WAR OR DATES	21.			2 X NO			, , , , , , , ,		Spec	city:
r	15. OE	CEDENT'S EDU	CATION	18a.	DECEDENT'S	USUAL OCC	UPATION	N		16	b. KIND OF BU	SIMESS/IMP	VITETOV	White
1	Elementary/Secondary (nly highest grade (0-12)	College (1-4 or 5	+)	(Give kind of the Do NOT us	work done dur se retired.)	ring most	t of worki	ng	11."		01112371112	7031H1	
L	12				Manager	-					A & P	Store	S	
	17. FATNER'S NAME (First, I							18. MQT	HER'S NA	ME (First,	Middle, Malder			
L	Salvatore Ga								metta					
	19a. INFORMANT'S NAME (nber, City or Tox		Code)	
H	Mrs. Pauline								lver	Spri	ng, MD			
1	1X Buriel 2 Cremati	ion 3 🗆 Rem	oval from State	cemetery, o	cremetory or o					DA	TE 20c. L0	CATION -	City or To	own, Stata
	21. SIGNATURE TY FURER		1) [Fort]	incoln	Mauso)/92	Bn	entwo	J. Ma	ryland
	23. PART I. Enter the d	Sease Dr	Drivilications the	alle t caused the	daath. Do r	1150	INES	US	INAL	1011	TUNE K	42 H	THEE Vis S	ry, illet 2
	23. PAHT I. Enter the cahock, by immediate CAUSE (Fidlsease or condition resulting in death)	pseases, pro- heart fallure.	eproplications tha List only one cau	t caused the cause on each like the constant of the caused the cau	50N	1180	INES CO / ne mod	NEW la of dy	(NY L) fff4 Ing, suc	DI 7	TUNE K	42 H	THEE Vis S	Approximate Interval Bet
	23. PAHT I. Enter the canock, by IMMEDIATE CAUSE (Find disease or condition	tions, ediete	a. DUE TO	PKIN'	EQUENCE OF	The state of the s	INES CO / ne mod	NEW la of dy	(NYL) Afrik Ing, suc	DI 7	TUNE K	42 H	THEE Vis S	Approximate interval Bets Onset and I
	23. PAHT I. Enter the canock, pyrimmediate CAUSE (Findsease or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or injet that initiated events	tions, ediete	a. Due To b. Due To c. Due To	(OR AS A CONS	EQUENCE OF	not anter the	D()	SEA	MALL HALL A-SE	DI =	Tune Control of the August 1980	ALTOPSY	ost,	Approximate Interval Bett Onset and E
	23. PAHT I. Enter the cahock, pro- immediate CAUSE (Firdlsease or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or injet that initiated events resulting in death) LAS	tions, ediete	a. Due To b. Due To c. Due To	(OR AS A CONS	EQUENCE OF	not anter the	D()	SEA	MALL HALL A-SE	DI =	Fune Pune August	AUTOPSY	ost,	Approximatinterval Bet Onset and I
	23. PAHT I. Enter the cahock, pro- immediate CAUSE (Firdlsease or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or injet that initiated events resulting in death) LAS	tions, ediete	a. Due To b. Due To c. Due To	(OR AS A CONS	EQUENCE OF	not anter the	D()	SEA	MALL HALL A-SE	DI =	Z4a. WAS AN PERFO	AUTOPSY	ost,	Approximate interval Betto Onset and E Ons
	23. PART I. Enter the cahock, pyrimmediate CAUSE (Fidisease or condition reautiting in death) Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or injusted events resulting in death) LAS	tions, ediete ring ury	a. Due To b. Due To c. Due To	(OR AS A CONS	EQUENCE OF	P):	DI	Ceuse (MALCO AFAIRE	Part I.	24a. WAS AN PERFOIT	AUTOPSY	ost,	Approximate interval Betto Onset and E Ons
	23. PART I. Enter the canock, pyrimmediate CAUSE (Fidisese or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) LAS PART II. Other signification of the canock in the c	tions, ediete ring ury	DOMPICATIONS the List Driy Dna cau a. DUE TO b. DUE TO c. DUE TO d. B. CONTRIBUTION TO	OR AS A CONS	EQUENCE OF	The state of the s	DI :	CE OF D	given in	Part I.	24s. WAS AN PERFO	AUTOPSY	ost,	Approximate interval Betto Onset and E Ons
2	23. PAHT I. Enter the cahock, pyrimmer in a hock, pyrimmer in a ho	tions, ediete ring ury	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not	SON EQUENCE OF	other:	DI Se mod	CE OF D	given in	Part I.	24a. WAS AMPERFOI	AUTOPSY MED?	24b	Approximate interval Betto Onset and E Ons
2	23. PAHT I. Enter the cahock, by IMMEDIATE CAUSE (Flidiselse or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) If any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injuthat initieted events resulting in death) LAS PART II. Other significations are caused in the cause in the	tions, ediete ring ury ST ent condition FO MEDICAL Pending	DOMPICATIONS the List Driy Dna cau a. DUE TO b. DUE TO c. DUE TO d. B. CONTRIBUTION TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not	EOUENCE OF	other:	D(26. PLAN g Nome g Nome workingure g Nome	Ceuse (given in	Part I.	24s. WAS AN PERFO	AUTOPSY MED?	24b	Approximate interval Betto Onset and E Ons
2	23. PAHT I. Enter the cahock, by IMMEDIATE CAUSE (Flidisese or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat Initieted events resulting in death) LAS PART II. Other signification in the cause of the cause in the cause of the c	tions, ediete ring ury ent condition	DUE TO DUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpatient INJURY FINJURY — At 1	EOUENCE OF PROJECT OF THE PROJECT OF	OTHER: 4 Nursing E OF URY M	D(26. PLAN g Nome work work work in Ye	CE OF D	given in	Part I.	24a. WAS AN PERFO! 1 YES :	AUTOPSY AMED?	24b	Approximate Interval Betto Onset and E Ons
2	23. PAHT I. Enter the cahock, by IMMEDIATE CAUSE (Flidisese or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat Initieted events resulting in death) LAS PART II. Other signification in the cause of the cause in the cause of the c	tions, ediete ring ury ST ent condition FO MEDICAL Pending	DUE TO DUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not	EOUENCE OF PROJECT OF THE PROJECT OF	OTHER: 4 Nursing E OF URY M	D(26. PLAN g Nome work work work in Ye	Ceuse (given in	Part I.	24a. WAS AMPERFOI	AUTOPSY AMED? NJURY OCC	24b	Approximate Interval Betto Onset and E Ons
2	23. PAHT I. Enter the cahock, pyrimmer and control immeriates and condition reautiting in death) Sequentially list condition reautiting in death) Sequentially list condition reautiting in death) If any, leading to immerature. Enter UNDERLY CAUSE (Disease or injuthat inititeted events resulting in death) LAS PART II. Other signification in the capable of the ca	tions, ediete ring ury TO MEDICAL Pending investigation Could not be determined	DOMPRICATIONS that List only one cause of the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contribution of the	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpatient INJURY INJU	EOUENCE OF EOUENCE OF resulting I 20b. TiMi	OTHER: 4 Nursing E OF 28 URY M vitreet, factory	DI : DI :	Ceuse (given in EATH (Che and due	Part I. Pack only o City to the ca	24a. WAS AN PERFOI 1 VES :	AUTOPSY AMED? NURY OCCURRED Number as state	24b	Approximate interval Bettonset and I
2	23. PART I. Enter the cahock, pyrimmerpiate CAUSE (Fiddisease or condition reautiting in death) Sequentially list condition reautiting in death) Sequentially list condition reautiting in death) Sequentially list condition reautiting in death) LASSE (Disease or injethat initieted events resulting in death) LAS PART II. Other signification in the capability of the ca	tions, ediete ring ury ST ent condition FO MEDICAL Pending Investigation Could not be determined TIFYING PNYSH DICAL EXAMINET	DOMPRICATIONS that List only one cause of the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contribution of the	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpatient INJURY INJU	EOUENCE OF EOUENCE OF resulting I 20b. TiMi	OTHER: 4 Nursing E OF 28 URY M vitreet, factory	D(26. PLAN g Nome work work you c, deta ei o, deta ei o, deta ei	CE OF D S Ray AT K? RY AT K? S 2 Ind place, with occurr	given in EATH (Che sidence	Part I. Part I. 28d. DE 28t. LOC	24a. WAS AN PERFOI 1 VES :	AUTOPSY AMED? NURY OCCURRED Number as state	24b	Approximate Interval Betto Onset and E Ons
2	23. PART I. Enter the cahock, pyrimmerpiate CAUSE (Findisease or condition reautiting in death) Sequentially list condition reautiting in death) Sequentially list condition reautiting in death) Sequentially list condition reautiting in death) Last condition in the cause. Enter UNDERLY CAUSE (Disease or Injuited death) Last cause. Enter UNDERLY CAUSE (Disease or Injuited death) Last cause. Enter Undertailly list condition in the cause of th	tions, ediete ring ury TO MEDICAL Pending investigation Could not be determined	DOMPRICATIONS that List only one cause of the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contribution of the	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpatient INJURY INJU	EOUENCE OF EOUENCE OF resulting I 20b. TiMi	OTHER: 4 Nursing E OF 28 URY M vitreet, factory	D(26. PLAN g Nome work work you c, deta ei o, deta ei o, deta ei	Ceuse (CE OF D 5 Re RY AT KY S 2 Ind place, with occur 29c. LICE	given in EATH (Che asidenca NO and due ed at the ENSE NUM	Part I. Pack only of to the castime, data	24a. WAS AMPERFOIL 1 YES: CATION (Street or fown, State) use(a) and meas and place, and	AUTOPSY MED? AUTOPSY MED? NO NJURY OCC and Number as state d dua to the	24b	Approximate interval Bett Onset and I onse
2	23. PART I. Enter the cahock, pyrimmerpiate CAUSE (Fiddisease or condition reautiting in death) Sequentially list condition reautiting in death) Sequentially list condition reautiting in death) Sequentially list condition reautiting in death) LASSE (Disease or injethat initieted events resulting in death) LAS PART II. Other signification in the capability of the ca	tions, ediete find ury ST ent condition FO MEDICAL Pending investigation Could not be determined TIFYING PNYSH DICAL EXAMINET	DUE TO DUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpatient INJURY F INJURY — At 1 etc. (Specify) my knowledge, camination and/o	EOUENCE OF EOUENCE OF resulting I	OTHER: 4 Nursing E OF 28 URY M street, factory	D(e mod D(g Nome g Nome g, office o, data ai	Ceuse (CE OF D FRATE CE OF D	given in EATH (Che isidence and due ed at the ENSE NUM	Part I. Pack only of to the cattime, data	24a. WAS AN PERFO! 1 VES: CATION (Street or Town, State) use(a) and me a and place, ar	AUTOPSY HMED? INDURY OCCURRED AND AUTOPSY HMED? A	24b CURED or Rural I	Approximate interval Bett Onset and I onse

	1 - STATE REGISTRAR	AIE OF MARYL		ITMENT OF I		MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	L. Go	LABE	R.G.		2. DATE OF DEATH ON THE DEATH	9	ar 0910 m	
	4. SOCIAL SECURITY NUMBER 5. S.	M 2 🗆 F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-23-0		BIRTHPLACE (State or Foreign Country) DLAND	
TOR	9a. FACILITY NAME (If not institution, give street at SUBURBAN RESIDENCE OF DECEDENT	aspita-L		96. CITY, TOWN	HESD.	ATH.	9C. COUNTY OF DEATH MONTGOMERY		
DIRECTOR	10e. STATE 10b. COUNTY MON	TEOME	Ry L	3eth	esda			10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
FUNERAL	6121 MONTROSE	KOAD		101	ZIP CODE	2	- 17	OF WHAT COUNTRY?	
BY	1 Never Married 2 N Merried	WAS DECEDENT EVER II ORCES? 1 YES FYES, GIVE WAR OR O	2X NO	if yes, ap	ENDENT OF HISPANI ecity Cuban, Mexicen 2 X NO Specify:		or No 14.	RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	9	4 oted) ege (1-4 or 5+)	(Give kind of a life. Do NOT us	USUAL OCCUPATION Work done during more retired.) ONTRACTO	st of working	HOME B			
BE CO	17. FATHER'S NAME (First, Middle, Lest) JACOB MORRIS GOLDB	ERG				IE (First, Middle, Meiden (UNKNOWN)	Sumame)		
2	19e. INFORMANT'S NAME (Type/Print) CARL GOLDBERG	(SON)				BETHESDA,			
	20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Removal fr	State Com	PLACE AND DATE OF A CONTROL OF	OF DISPOSITION (Na ther place) D MEMORI	me of AL GARDEN	DATE 20c. LOC V 2/4 FAL	LS CHU	or Town, State	
	21. SIGNATURE OF PUNERAL SERVICE LICENSES			DANZA	NSKY-GOLI	DBERG MEMO	RIAL C	HAPELS, INC. E, MD. 20852	
CERTIFICATION	shock, or heart failure. List by IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A DUE TO (OR AS A		7 :	eis (C. DEFICIL		Interval Between Onset and Death 2 DAYS	
ZA L	PART II. Other significant conditions con	ributing to death b	ut not reaulting i	n tha undariying	cause given in P	art I. 24a. WAS AN A PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHTSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		26. PL	ACE OF DEATH (Chec	k only one)			
ED BY PHYS	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	Place OF INJURY (Month, Day, Year) 26. PLACE OF INJURY building, etc. (Spec	28b, TiMi INJi 2 05", — At home, ferm, a	4 Nursing Home OF 28c. INJI URY WO 1 URY Itreet, factory, office	ES 2 LING	Other (Specify) 28d. DESCRIBE NOW IN FELC 261. LOCATION (Street et City or Town, State)	nd Number of R		
DE COMPLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: T	o the best of my knowle	edge, death occurre	d at the time, date	ath occured at the the 29c. LICENSE NUMB	me, date end place, end	due to the cer	use(s) and manner as stated.	
2	30. NAME AND ADDRESS OF PERSON WHO COMING THE PILEO (MONTH), Day, Year) 31. DATE FILEO (Month, Day, Year) FEB 5 992		00 W150	Print)	D0709	BOTHE	3501	10814	

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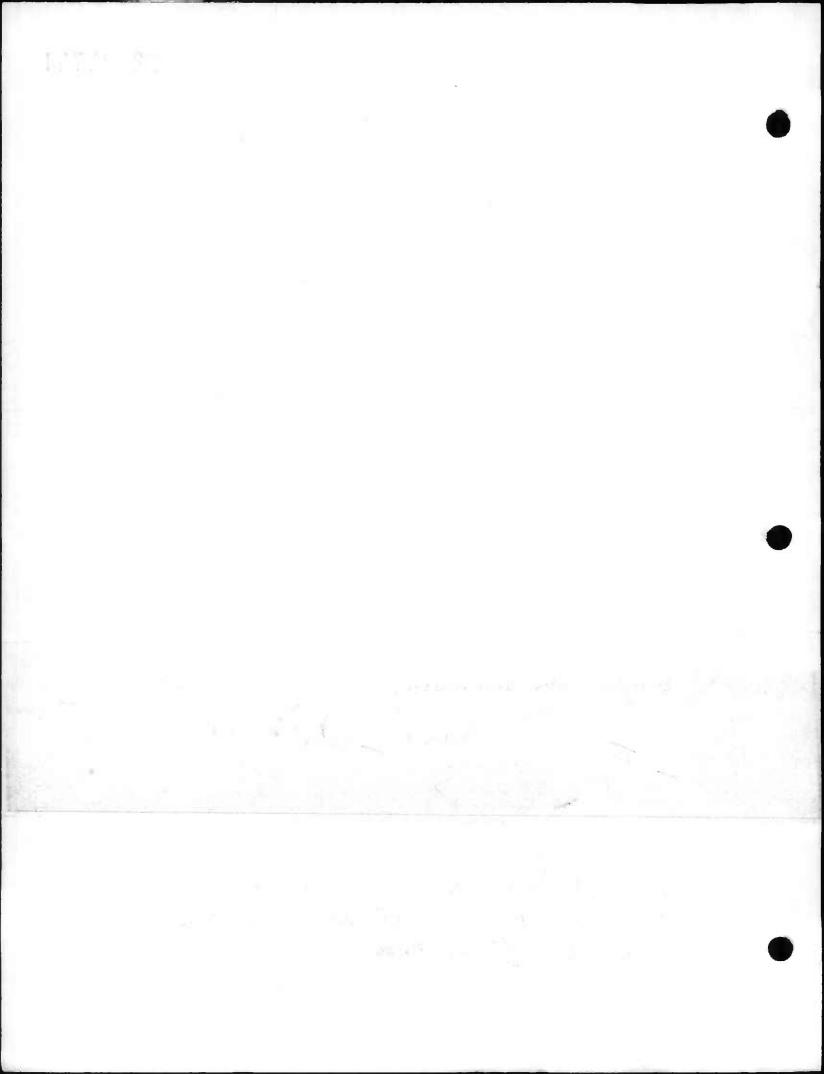
FFB 11

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			IENTAL HYGIEN REG. NO.	E	
	DIO FI DMMI	SEX 6. AGE (In	GIN(yrs. lest birthdey) VRS. MON	SEL JINDER 1 YEAR THIS DAYS	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH MONTH DATE OF BIRTH (Month, Day, Year)	8 9°	3. TIME OF DEATH 25. 5 P M INTHPLACE (State or Foreign ountry)
TOR	9a. FACILITY NAME (If not institution, give street PLEASANT VIEW RESIDENCE OF DECEDENT		HOME 96.	CITY, TOWN O	A I R		BC. COUNTY O	
DIREC	10a. STATE 10b. COUNTY Maryland Carroll		Mt. A	wn on Locat iry	ION			10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 4101 Old National	Pike		10f	21771		U.S.	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2- NO	If yes, ap-	ENDENT OF HISPANI ecity Cuban, Mexican 2 NO Specify:			RACE — American Indian, Black, Whita, etc. Specify: hite
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) ()	ION npleted) Collega (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work of the Do NOT use ret NONE	AL OCCUPATIO done during mo ired.)	eN at of working	166. KIND OF BU		RY
	17. FATHER'S NAME (First, Middle, Last) Edward J. Gingell				Section Control of	ME (First, Middle, Maiden		
TO BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural R	oute Number, City or Tow	n, State, Zip Cod	
	Dale O'Connor 20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	f from State	PLACE OF DISPOSITIO other place) [etropolit	N (Name of cer	netary, crematory or		cation - city	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		1	22. NAME AF	D ADDRESS OF FAC	DeVo	1 Fune	ral Home
	23. PART I. Enter the diseases, pr com shock, or heert fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)	t only one cause on each		enter the mo	de of dying, auch			
LION	Sequentially list conditions, if any, leading to immediate	ben	CONSEQUENCE OF):	there	selvesi	40		4125
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	cles	poyl			YRS
MEDICAL	PART II. Other significent conditions of			ne underlyin	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 - NO
CIA		IOSPITAL:		THER:	ACE OF DEATH (Che			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	inpatient 2 ER/Outpa 25a. DATE OF INJURY (Month, Day, Year)	25b. TIME OF	28c. INJ W0	PRK? YES 2 NO	28d. DESCRIBE HOW		
	3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif	— At nome, farm, stree (y)	n, factory, offic		251. LOCATION (Street City or Town, State,	and Number or F	surar Houte Number,
COMPLET	29a. CENTIFIER (Check only one) 1 CENTIFYING PHYSICIA CONTROL OF MEDICAL EXAMINER:							suse(s) and manner as stated.

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Lulia Deviden Bade

92



FOR STATE

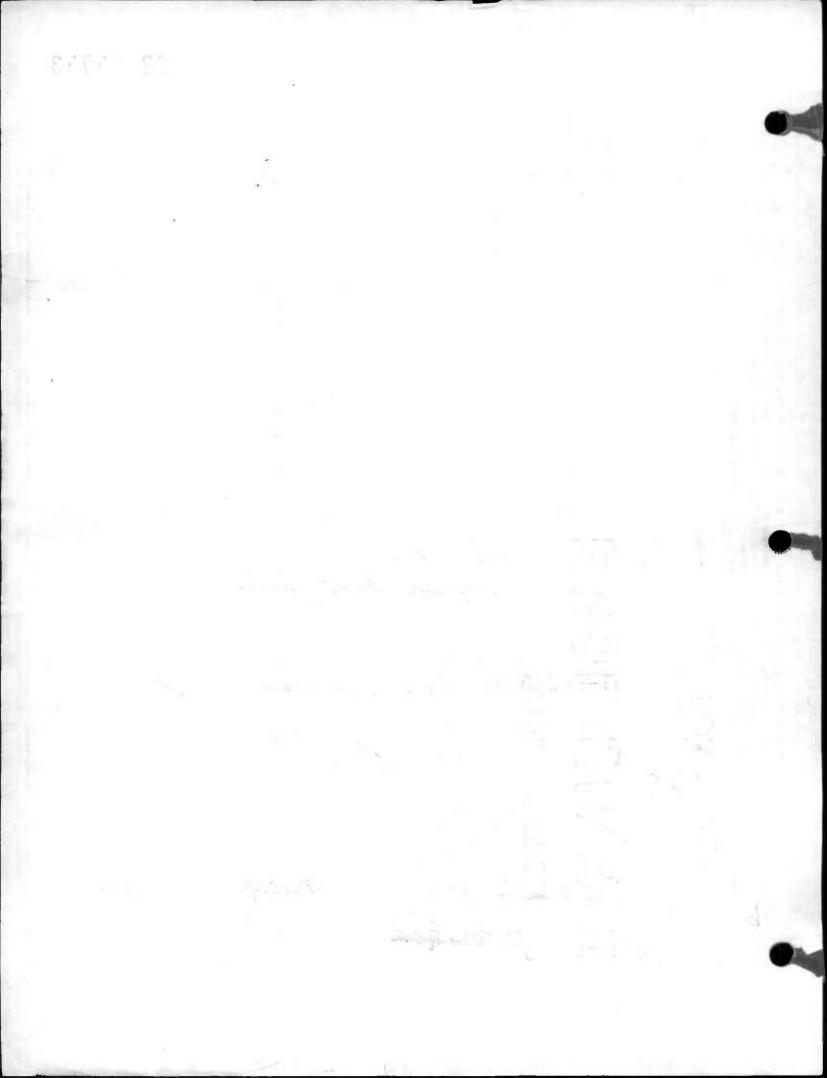
	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH	
- 1	GERALD C GEARTY	7				FEB 9		AR	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7/		
	578-58-8396	1 🔯 M 2 🗆 F	80 YRS.	MONTHS DAYS	HOURS MIN.	April 27,	1911	BIRTHPLACE (State or Foreign Country) MINN.	
	9e. FACILITY NAME (If not institution, give str	eet end number)		96. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH	
TOR	THE JOHNS HOPKINS	HOSPITAL		BALTIM	IORE		BALTI	MORE CITY	
Ĭ,	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
DIE		gomery		Bethesc	la		14		
BY FUNERAL DIRECTOR	4932 Sentinel Dr.	#104		10	20816		10g. CITIZEN OF V		
Y FUN	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 X NO	It yee, sp	ENDENT OF HISPAN ecify Cuban, Mexice 2 X NO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE American Indian, Black, White, etc. Specify:	
	3 Widowed 4 Divorced 15. DECEDENT'S EDUC	47/01/						white	
	(Specify only highest grade of	completed)	16a. DECEDENT'S (Give kind of the Do NOT us	USUAL OCCUPATION Work done during more retired.)	ON ost of working	166. KIND OF BUS	INESS/INOUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		strator		Federa	1 Gove	rnment	
Ö	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surneme)		
BE (Philip Gearty					rine Mulhe			
0	19e. INFORMANT'S NAME (Type/Print)					Route Number, Cify or Town			
	John M. Gearty 200. METHOD OF DISPOSITION					laven, Conr			
	1 X Buriel 2 Cremation 3 Remo	vel from State	ob. PLACE AND DATE (emetery, crematory or or Cate of H	ther plane!		2-12-92 Si	TAZOR S		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE // /	oute of it	22. NAME AI	D ADDRESS OF FA	CILITY	TVEL D	pring, na.	
	Imen Elle	4/20			1 Funera		W Mac	hinatan D.C	
	23. PART i. Entar the diseases, or co	omplications that cause	ed the death. Do n	ot anter the mo	da of dving, suci	h as cardiac or reani	W., Was	hington, D.C.	
	shock, or heart failure. L	ist only one ceuse on	each line.		, , ,		atory arrost,	interval Between Onset and Death	
	diseese or condition resulting in death)	CARDIA	ac FA	HILURA	٤			Description of the second	
Ì		OUE TO (OR AS	A CONSEQUENCE OF	F):				pays	
CERTIFICATION	Sequentielly list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	2515				Days:	
CAT	If any, leading to immediate cause. Enter UNDERLYING				SAUS	LEUKEN	114	144.6	
Ė	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	7:	-00)	7-1001-101	1107	191.	
ER	resulting in death) LAST								
	PART II. Other significant conditions	contributing to death	but not resulting i	n the underlying	ceuse given in	Part 1. 24a. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS	
DICAL	DISSIENINATIO						MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC	TMOMBO CY				7,000,11	1 TYES 2	JAJNO	OF DEATH? 1 YES 2 NO	
	SPINAL COR	O HEMA	TOMA			_		1 1 1 2 1 10	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (Chi	ick only one)			
ΥS	1 TYES 2 NO	1 Inpatient 2 ER/Ou		4 Nursing Hom	e 5 🗌 Residence	8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)		URY WO	URY AT RK? 'ES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURE	0	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	TY — At home, term, s			281. LOCATION (Street &	nd Number or Ru	iral Route Number,	
COMPLETED	4 Homicide determined	building, etc. (Sp.	есну)			City or Town, Stete)			
2	CONNECT ONLY CERTIFYING PHYSICS	AN: To the best of my Kno	wledge, death occurre	d at the time, date	end place, end due	to the cause(e) end man	ner es stated.		
₫ [(MR) 2 MEDICAL EXAMINER	On the bests of expinati	on end/or investigation	n, In my opinion, d	eath occured at the	time, date and place, and	dus to the ceu	se(e) end manner ee stated.	
BE	294 SIGNATURE AND TITLE OF CHITTIFUE	2 11-	7 .,		29c. LICENSE NUM	IBER	29d. DATE SIG	NED (Month, Day, Year)	
2	wally	CIL/	NO 1P	41).	P058	72	D GF	il 92	
-(DE NAME AND ADDRESS OF PERSON WHO				No.				
	LELAND SCOTT, MD. 31. DATE FILED (Month, Day, Year)	PHD, THE JO	HNS HOPKI	NS HOSP	ITAL, 600	O N WOLFE	ST.,BAI	TO.MD. 21205	
	TED 11 100	32. REGISTRAR'S SIG							

State William

1	-	STATE REGISTRAR

1. DECEDENT'S NAME (Fire MAC GOOI		A.		h.			200	2. DATE O		Ž,19	92	3. TIME OF DEATH 3:20 p
4. SOCIAL SECURITY NUM UNKNOWN	IBER	5. SEX	8. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month)	F BIRTH Day, Year) 11,1	899	Counti	PLACE (State or Foreign VYORK, N.
	HILL-	street end number) -BETHESDA			9b, CITY		HESDA	EATH			MONTG	GOMERY
RESIDENCE OF DE	10b. COUNT	гу			TY, TOWN O		D.C.			•		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBE 3001 VEAZE		ACE, N.W.			DITLING	101	20008			10g. CI	U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div	_	FORCES?	NT EVER IN U.S. ARM I YES 2 THE MAR OR DATES	IED O		WAS DEC	ENDENT OF HISPAI ecity Cuban, Mexica 20 NO Specti	en, Puerto Ric		or No-	Blac	E — American Indian, k, White, etc.
	CEDENT'S EDI nly highest grad (0-12)		+) (Giv	re kind of	ise retired.)	CCUPATIO	DN st of working		PT. O			
17. FATHER'S NAME (First, Middle, Last) UNKNOWN 18. MOTHER'S NAME (First, Middle, Malden Surran UNKNOWN								ю) с				
196. INFORMANT'S NAME (TyperPrint) JOHANNA SAHLIN (FRIEND) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Co 1155 FOREST RD., NEW HAVEN, CONN. 065												
20s. METHOD OF DISPOSITION DATE 20s. LOCATION - City or To										•		
disesse or condition resulting in death) Sequentielly list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disesse or in that initiated events resulting in death) LA	ediste YING jury	b. DUE TO	O OR AS A CONSEO	UENCE (edn	t fai	hro				
PART II. Other signific	cent condition	ons contributing to			In the u				24a. WAS AF PERFO 1 YES	RMED?	Y 241	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	_	LACE OF DEATH (C	heck only one)			
1 YES 2 PATO 27. MANNER OF DEATH		28e. DATE O		28b. TI	4 PNu	28c. IN.	ne 5 🗆 Reeldence	_		INJURY O	CCURED	-
2 Accident	Pending Investigation Could not be	28e. PLACE	Day, Year) OF INJURY — At hor		M street, fac	1 🗆	YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Num				Route Number,
4 Homicide 29e. CERTIFIER (Check only	determined RTIFYING PHY	SICIAN: To the best of						e to the caus		onner ae si		
29h BIGHATURE AND TIT	LE OF CERTIFI	n Ma	mi	2		opinion,	29c. LICENSE NU		end place, e	_		(e) end menner ee stated D (Month, Day, Year)
JOHN UMHAL 31. DATE FILED (Month, Da	JR.	MD. 88	05 CONN.	AVE	., C	HEVY	CHASE,	MD. 2	0815			





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	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMEN			MENTA	L HYGIEN	E				
· ·	1. DECEDENT'S NAME (First, Middle, Last) MOLLIE A	. GAUMER	MER			2. DATE MONT		19	YEAR 92	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 203-10-7535	5. SEX 8. AGE (In yrs. la	YRS. IF UNDE	1	IF UNDER 24 HRS.	7. DATE OCT	OF BIRTH	910	Country)	Penn.		
CTOR	9a. FACILITY NAME (If not institution, give si WILSON HEALTH RESIDENCE OF DECEDENT	treet and number) H CARE CENTE		1	RSBU			90. COUNTY OF DEATH MONTEOMERY				
L DIRECTOR	MARYLAND MONTG		CHEVY (CHASE	N IP CODE					IOd. INSIDE CITY LIMITS? YES 2 \(\text{I}\) NO		
FUNERAL	4515 WILLARD AVEN				J.S.A							
BY	1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES I YES 2 NO NO Specify:									American Indian, White, atc. WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	USTRY										
M	12 Secretary U.S.Gov 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
Ö	Georg											
TO BE	19a. INFORMANT'S NAME (Type/Print) WILLIAM HARVEY (T	Code) 20090 02 WASH. D.C.										
	20s. METHOD O5-DISPOSITION 1 □ Burlal 2 ➡ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify)	cemetery, cre	AND DATE OF DISPO- ematory or other place, COMFORT)		2/10	20c. LOC /92ALEX	CATION — CI				
	21. SIGNATURE OF PUNERAL SERVICE UC		22.	NAME AND	ADDRESS OF FA H GAWLE VISCONS	R'S	SONS,	INC.	N.W.			
CERTIFICATION	IMMEDIATE CAUSE (Final	a. CCC GC AS A CONSE	Thom be our teri	05/5				ording arrow	,	Approximate Interval Between Onset and Daeth		
A	PART II. Other algorificant conditions	a contributing to death but not	reaulting in the u	ndarlylng o	ause given in	Part I.	24s. WAS AN A		A	FERE AUTOPSY FINDINGS WAILABLE PRIOR TO		
PHYSICIAN: MEDIC	-M3/112					_	1 TYES 2	THO	0	OMPLETION OF CAUSE OF OEATH? YES 2		
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE		E OF DEATH (Ch	eck only or	ne)					
14S	1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3	DOA 4 Nu	raing Home	5 🗆 Realdence	8 🗆 Othe	r (Specify)					
BY P	Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	286. TIME OF INJURY M	28c, INJUR WORK 1 YES		28d. DES	CRIBE HOW IN	JURY OCCU	RED			
	3 Suicide a Could not be detarmined	28s. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, atreet, fac	tory, office		28f. LOC City	ATION (Street as or Town, State)	nd Number or	Rural Rou	ite Number,		
COMPLETED		CIAN: To the best of my knowledge, de R: On the basis of examination and/or								nd manner as stated.		
TO BE C	290 SHIMATURE AND THILE OF CENTIFIER		S 'M	2	9c. LICENSE NUI	MBER 7		29d. DATE S	SIGNEO (M	fonth, Day, Year)		
1	30. NAME AND ADDRESS OF PERSON WHO Solvey Brown Company Company 31. DATE FILEO (Month, Day, 1989) FEB 1 92	COMPLETED CAUSE OF DEATH (ITEL	M 27) (Typo, Print)	JAMES DUCE	R. MOOI	RE M	D.	выд	m	D 20877		

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DIVISION OF VITAL RECORDS, P.O. B	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF		MENTAL HYGIEN		
31	1. DECEDENT'S NAME (First, Middle, LI		ESKY IMESK	4	2. DATE OF DEATN	8 - g	2 4504, M
	216-44-3103 9e. FACILITY NAME (If not institution, gi	1 1 M 2 □ F 84	YRS. MONTHS DA		(Month, Day, Year) MARCH 31,1	C	BIRTHPLACE (State or Foreign Country) NNSYLVANIA OF DEATH
CTOR	HOLY CROSS	HOSPITAL	SI	LVER SPRIN	rG	MON	TGOMERY
FUNERAL DIRECTOR	MARYLAND MO		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
ERA	1605 SANFORD ROA	AD	20902		1 "	OF WHAT COUNTRY? USA	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: WHITE			
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12	College (1-4 or 5+)	Give kind of work done during to NOT use retired.) CUREMENT	ATION I most of working	NAVY DEE	SINESS/INDUST	
CO	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	Sumame)	
BE	ANDREW GIMES 19a. INFORMANT'S NAME (Type/Print)		9b. MAILING ADORESS (Str	ALICE	WAIDA		
9	MARY W. GIMESH		00 OAKWOOD		ROCHESTER		
	20s. METHOD OF DISPOSITION 1 Neuriet 2 Cremetion 3 F 4 Donation 5 Other (Specify _	tamoval from Stata cemetery, cr	FRAN	CEMETERY E AND ADDRESS OF FA	2/11 SILV	RAL HOM	ING, MARYLAND
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR AS A CONSE	Phii La				Approximate Interval Between Onset and Daeth
EMILE	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other significent condit	tions contributing to death but not of the Co	resulting in the underl	ying cause given in	Part I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		PLACE OF GEATH (Ch	eck only one)		
2	1 YES 2 NO	1 Impatient 2 ER/Outpatient		iome 5 - Residence			
	1 Maturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK? YES 2 NO	28d. OESCRIBE HOW I	NJURY OCCURE	.0
TED BY	2 Accident trivestigate 3 Suicide 6 Could not 4 Nomicide detarmined	be 28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, ferm, street, factory, o	ffice	281. LOCATION (Street a City or Town, State)		ural Route Number,
COMPLEIED		IYSICIAN: To the best of my knowledge, d					use(s) and manner as stated.
O BE C	TURE AND TITLE OF CERTI	of hus	m, D.	29c. LICENSE NUN			SMSD (Morgh, Day, Year)
	Motton	WHO COMPLETED CAUSE OF DEATH (ITE	EM 27) (Typo, Print) hap /29;	- LAMBE	2 m Ja Ja	Sherd	phy md 202
	31. DATE FR.ED (Month, Day, Year) FFB 11 92	32. PEGISTRANTS SOLATURE	The state of the s				

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ours after death. Page 6 may be retained by the hospital or attending physic	ath. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial for a second marking the size of the property of	uneral director, page 5 should be detached for use as the burial
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	aminer must be notified at once.

j	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART			MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last) I	LILLIAN E. HAI	RGETT/			2. DATE OF DEATH MONTH	DAY - 9 T	3. TIME OF DEATH 7 AM	
	4. SOCIAL SECURITY NUMBER 579-60-0217	5. SEX 6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN. 14, 1		BIRTHPLACE (State or Foreign Country) SHINGTON, D. C.	
OR	96. FACILITY NAME (If not institution, give sti MANOR CARE SILVER		,		ER SPRIN	ATH	9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	TGOMERY] BUR	TONSVIL.	ZIP CODE		10g. CITIZEN	1 VES 2 NO	
BY FUNERAL	14505 DOWLING DRI 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Midowed 4 Divorced	IVE 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe	20866 ENDENT OF HISPAN leitly Cuben, Mexicar 2 NO Specify	US Yea or No.— 14.	A RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondery (0-12)		16b. KIND OF E	BUSINESS/INDUS					
SON	17. FATHER'S NAME (First, Middle, Lest)		ME (First, Middle, Maid	len Sumame)					
BE	JOHN B. ULRICH	RY Route Number, City or 1	Tour Chair To Co						
2	RAY RUSSELL								
	20a METHOD OF DISPOSITION		RTONSVILLE MARYLAND 20866 20c. LOCATION — City or Town, State						
	4 🗆 Donetion 5 🗆 Other (Specify)	FT	other place) LINCOL	N CEMET			NTWOOD.	MARYLAND	
	21. SIONATURE OF FUNE ALL SERVICE LIC	5 dul		FRANC		LLINS FUN		ME, INC. PR.,MD.20901	
	23. PART I. Enter the diseases, or o shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. Lower on each out the course on each out to consider the course on each out to consider the course of the cours	ch ilne.					t, Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C	CONSEQUENCE OF	:	<u> </u>	Ι ζ			
BY PHYSICIAN: MEDICAL (PART II. Other algorificent condition	s contributing to death bu	t not reaulting in	the underlyin	g ceuse given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (Ch	eck only one)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa	tient 3 DOA	OTHER: 4 Nursing Hon	e 5 🗆 Residence	6 Other (Specify)			
3Y PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	VES 2 NO	28d. OESCRIBE HO	W INJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide determined	26e, PLACE OF INJURY - building, atc. (Specif	— At home, farm, st	reet, factory, offic	•	281. LOCATION (Str. City or Town, St	eet end Number or ate)	Rural Route Number,	
COMPLETED	cool	ICIAN: To the best of my knowle						and the same and the same	
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month), 1 31/9								
5	30. NAME AND ADDRESS OF PERSON WH J. In Urisan	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type.	Scorcin	tre	Silver	Sprin	(MD	
	31. DATE FILED (Month, Day, Year)	4 Jan Language Sign		٠٠٠.	/1		/	·	

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BALTIMORE, MARYLAND 21215-00	3	d b
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be instalined by the hospital or attending ph	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by
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20 hysician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

15

TO BE COMPLETED BY FUNERAL DIRECTOR

1. OECEDENT'S NAME (Firs					ICATE	0.	DEATH	1	REG. NO	_			
ABE	t, Middle, Last)		HERS	ON				MC	TE OF DEATH D	92	YEAR	3. TIME OF DEATH 2:14 AM	
4. SOCIAL SECURITY NUM	BER		. AGE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER 24 HR	(4)	TE OF BIRTH onth, Day, Year)		8. BIRTHI	PLACE (State or Foreign	
578-05-495	53	1 X M 2 🗆 F	78	YRS.	MONTHS	DAY8	HOURS MIN		-07-13			ington. De	
De. FACILITY NAME (If not it	nstitution, give st	reet and number)			9b. CITY, T	TOWN OF	LOCATION OF	DEATH		9c. CO	UNTY OF O		
HOLY CROS		PITAL PITAL			SII	LVER	SPRIN	IG	MONTGOMERY				
RESIDENCE OF DE	10b. COUNTY	,		10c CIT	Y, TOWN OR	LOCATIO	ON					10d, INSIDE CITY	
MARYLAND		COMERY			LVER							LIMITS?	
IOO. STREET AND NUMBER		OFIERI		91	LLAEK	_	ZIP CODE	_		10a, Cl	TIZEN OF W	NAT COUNTRY?	
		BLVD. W	#214			0.00	0902					STATES	
1. MARITAL STATUS	' BRDII			MED	13. W			PANIC OR	IGIN? (Specify Ye		14. BACE	- American Indian.	
Never Merried 2X	-	12. WAS OECEDENT FORCES? 1 IF YES, GIVE WAI	OR DATES	W II	11		cify Cuben, Me: 2 X NO Sp		rto Rican, etc.)		Specif	, White, etc. WHITE	
15. OE	CEDENT'S EOU	CATION	16a. DE	CEOENT'S	USUAL OCC	CUPATIO	V of worklass		16b. KIND OF BU	SINESS/IN	IDUSTRY		
Elementary/Secondary (T	College (1-4 or 5+)	ilfo.	Do NOT us	se retired.)	nny mos	t or working						
12			SA	ALESM	IAN				- di - c	AU	TOMOB	ILE	
7. FATHER'S NAME (First, A	Widdle, Lest)						16. MOTHER'S	NAME (Fi	st, Middle, Malden	Surname)			
MORRIS_HE	RSON						R	UTH	SHAPIRO	HE	RSON		
90. INFORMANT'S NAME (and the same of the same of				lumber, City or Tov			20902	
RUTH HERS		FE)								_		ING, MD	
6e. METHOD OF DISPOSI Burlel 2 Cremeti Donation 5 Other		oval from State	of cemetary	crematory	or other pla	ce)		1			- City or To		
Donation 5 0/Other			BETH	SHOLO			RY D ADDRESS OF			ITOL	HGTS	., MARYLA	
. 40	with	Hise			DAN	NZAN	SKY-GO	LDBE	RG MEMO			ELS, INC. MD.20852	
23. PART i. Enter the												Approximate	
snock, or i immediate cause (F	_	List only one caus	e on each line).								Interval Betwee	
disease or condition resulting in death)	\rightarrow	a. Acu	OR AS A CONSE	SSPI O	LATOR	ry	ARRE	ST				[MMG	
	-		CONIC		The state of the s	24	FACR					1 5 Ye	
Sequentially list condi	Itions,		OR AS A CONSE				170				-	10	
cause. Enter UNDERLY	YING												
CAUSE (Disease or inj that initiated events	lury	OUE TO (OR AS A CONSE	OUENCE O	F):								
resulting in death) LA	ST	d											
PART ii. Other signific	ant condition	a contributing to d	eath but not	regulting	in the und	leriving	cause giver	in Part	24n MACA	AITTOPS	y 24h	WEDE ALTROSY ENDOW	
PART II. Other algnific	ant condition	a contributing to c	eath but not	resulting	in the und	lerlying	cause giver	in Part	PERFO	RMED?	Y 24b.	AVAILABLE PRIOR TO	
PART II. Other algolitic	cant condition	na contributing to c	eath but not	resulting	In the und	lerlying	cause giver	in Part		RMED?	Y 24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PART II. Other algnific	cant condition	na contributing to c	eath but not	resulting	in the und	leriying	cause giver	in Part	PERFO	RMED?	Y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
		na contributing to c	eath but not	resulting	in the und				PERFO	RMED?	Y 24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED EXAMINER?		HOSPITAL:			OTHER:	26. PL	ACE OF DEATH	l (Check on	PERFO	RMED?	Y 24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED EXAMINER?		HOSPITAL: 1 Inpution 2	ER/Outpetlent :	3 DOA	OTHER:	26. PL.: ing Home	ACE OF DEATH	I (Check on	PERFO 1 YES ly one) Other (Specify)	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5	TO MEDICAL	HOSPITAL:	ER/Outpetlent :	3 DOA	OTHER:	26. PL: : ing Home 28c. INJU	ACE OF DEATH	Check on the 6 1 28d.	PERFO	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	TO MEDICAL Pending Investigation	HOSPITAL: 1 Inpatient 2 26e. DATE OF II (Month, Da) 26e. PLACE OF	ER/Outpetlent ; NJURY , Year) INJURY — At h	3 DOA	OTHER: 4 Nursi	26. PL: : ing Home 28c. INJU WOI 1 Y	ACE OF DEATH 6 G Resider JRY AT RK? 2 NO	28d.	PERFO 1 YES Ny one) Dither (Specify) DESCRIBE HOW LOCATION (Street	RMED? 2 NO INJURY O	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
5. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 5 2 Accident	TO MEDICAL	HOSPITAL: 1 Inpatient 2 26e. DATE OF II (Month, Da) 26e. PLACE OF	ER/Outpatient ;	3 DOA	OTHER: 4 Nursi	26. PL: : ing Home 28c. INJU WOI 1 Y	ACE OF DEATH 6 G Resider JRY AT RK? 2 NO	28d.	PERFO 1 YES Ny one) Other (Specify) DESCRIBE HOW	RMED? 2 NO INJURY O	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 196. CERTIFIER	Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 26e. DATE OF II (Month, De) 26e. PLACE OF building, e	ER/Outpetlent : NJURY , Year) INJURY — At he te. (Specify)	3 DOA 28b. TiN	OTHER: 4 Nursin	26. PL: : ing Home 28c. INJU WOO 1 Yery, office	ACE OF DEATH O 6 Resider RES 2 NO	28d.	PERFO 1 YES Ny one) Dither (Specify) DESCRIBE HOW LOCATION (Street City or Town, State	INJURY O	OCCURED Deer or Flural F	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
15. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 19e. CERTIFIER (Check only)	Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 26e. DATE OF II (Month. Da) 26a. PLACE OF building, e	ER/Outpatient ; NJURY , Year) INJURY — At hite. (Specify)	B DOA 28b. TIM IN.	OTHER: 4 Nursi	26. PL.: ing Home 28c. INJt WOI 1 Y ry, office	ACE OF DEATH 6 GResider RRY AT RRY ES 2 NO	28d.	PERFO 1 YES Ny one) Other (Specify) DESCRIBE HOW LOCATION (Street City or Town, State)	INJURY O	occurred for or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only one) 2 ME	Pending Investigation Could not be determined RTIFYING PHYS DICAL EXAMINE	HOSPITAL: 1 Inpetient 2 A. 26e. DATE OF II (Month, De) 26e. PLACE OF building, e	ER/Outpatient ; NJURY , Year) INJURY — At hite. (Specify)	B DOA 28b. TIM IN.	OTHER: 4 Nursi	26. PL.: ing Home 28c. INJt WOI 1 Y ry, office	ACE OF DEATH 6 Resider RKY ES 2 NO snd place, and eath occured at	28d.	PERFO 1 YES Ny one) Other (Specify) DESCRIBE HOW LOCATION (Street City or Town, State)	INJURY O	occured for the council to the council the council to the council	AMILABLE PRIOR TO COMPILETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
25. WAS CASE REFERRED EXAMINER? 1	Pending Investigation Could not be determined RTIFYING PHYS DICAL EXAMINE	HOSPITAL: 1 Inpetient 2 A. 26e. DATE OF II (Month, De) 26e. PLACE OF building, e	ER/Outpatient ; NJURY , Year) INJURY — At hite. (Specify)	B DOA 28b. TIM IN.	OTHER: 4 Nursi	26. PL.: ing Home 28c. INJt WOI 1 Y ry, office	ACE OF DEATH 6 GResider RRY AT RRY ES 2 NO	28d.	PERFO 1 YES Ny one) Other (Specify) DESCRIBE HOW LOCATION (Street City or Town, State)	INJURY O	Der or Rural F tated. The cause(e	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, 1) end menner ee stated	
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 6 29e. CETIFIER (Check only one) 2 ME	Pending Investigation Could not be determined PHYS EDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 26e. DATE OF II (Month, De) 26e. PLACE OF building, e IICIAN: To the best of exis	ER/Outpetient : NJURY , Year) INJURY — At he te. (Specify) my knowledge, di	B DOA 28b. Till in. ome, farm, eath occurr	OTHER: 4 Nursit E OF 2 FURY M street, factor red at the tin on, in my op	26. PL.: ing Home 28c. INJt WOI 1 Y ry, office	ACE OF DEATH 6 Resider RKY ES 2 NO snd place, and eath occured at	28d.	PERFO 1 YES Ny one) Other (Specify) DESCRIBE HOW LOCATION (Street City or Town, State)	INJURY O	Der or Rural F tated. The cause(e	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH'S 1 YES 2 NO NO ROUTE Number, Route Number, and menner ee stated.	
25. WAS CASE REFERRED EXAMINER? 1	Pending Investigation Could not be determined Performed EXAMINE OF PERSON WITH	HOSPITAL: 1 Inpetient 2 26e. DATE OF II (Month, De) 26e. PLACE OF building, e IICIAN: To the best of exis	ER/Outpetient : NJURY , Year) INJURY — At he te. (Specify) my knowledge, di	B DOA 28b. Till in. ome, farm, eath occurr	OTHER: 4 Nursit E OF 2 FURY M street, factor red at the tin on, in my op	26. PL.: ing Home 28c. INJt WOI 1 Y ry, office	ACE OF DEATH 6 Resider RKY ES 2 NO snd place, and eath occured at	28d.	PERFO 1 YES Ny one) Other (Specify) DESCRIBE HOW LOCATION (Street City or Town, State)	INJURY O	Der or Rural F tated. The cause(e	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, 1) end menner ee stated.	

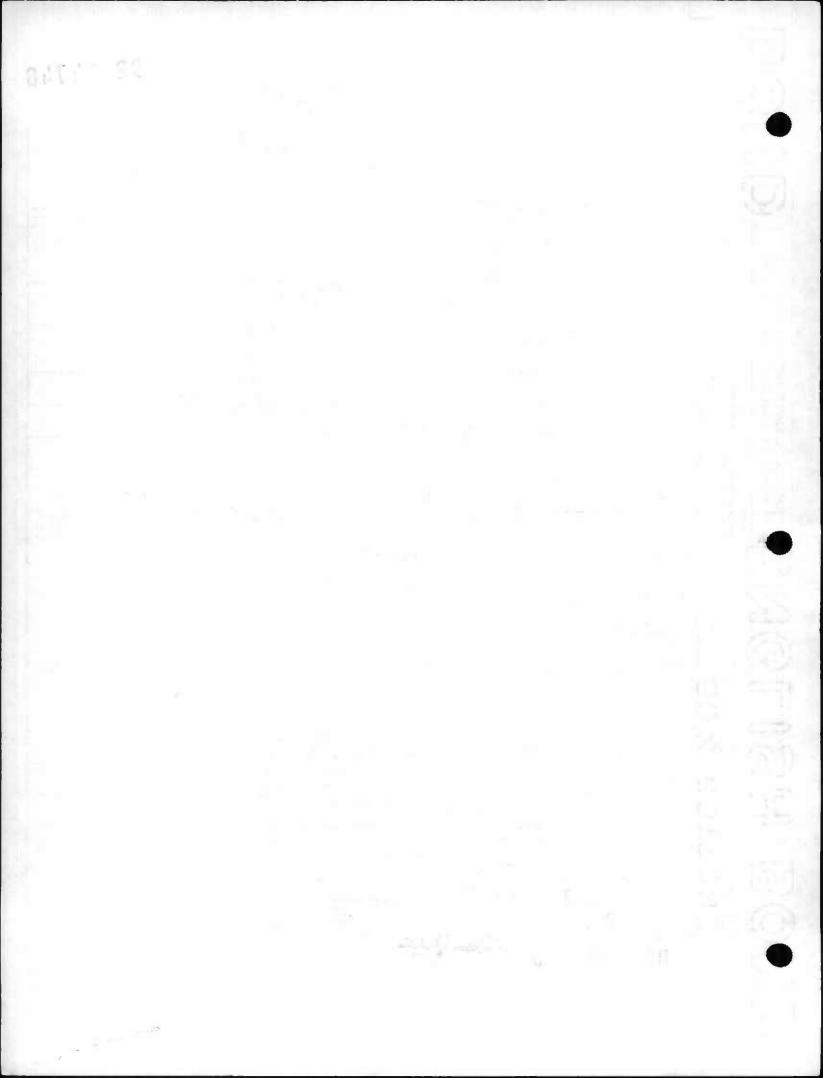
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mburs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	CATE O	F DEATH	REC	3. NO.					
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF OE.	ATH DAY Y	3. TIME OF OE	ATH			
		ES ALBERT H	AMMOND,	SR.		01-33		6:30	a M			
	4. SOCIAL SECURITY NUMBER 214-22-3339			ONTHS DAYS		7. DATE OF BIR (Month, Day, 09-27-	TH 813	BIRTHPLACE (State or Country) Marylan				
	9a. FACILITY NAME (If not institution, give	street and number)	1	b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY					
FUNERAL DIRECTOR	12393 Quail Wo	oods Drive		Germ	antown		МС	NTGOMERY	7			
Ë	10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOC	ATION			10d. INSIDE CIT	TY			
ā	Maryland Mor	ntgomery	Ge	rman	town			1 TES 2 5	NO NO			
4	10e. STREET AND NUMBER			- 1	IOI. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?	?			
<u> </u>	12393 Quail Wo	oods Drive			2081	74		USA				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 2 Divorced	12. WAS DECEOENT EVER IF FORCES? 1 YES	2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Specific	an, Puarto Rican, e		RACE — American Inc Black, White, etc. Specify: Blac				
	15. DECEOENT'S EDU (Specify only highest grad	TION	16b. KIND	OF BUSINESS/INDUS	TRY							
COMPLETED	Elementary/Secondary (0-12) 7th	College (1-4 or 6+)	most of working									
8	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle,	Maiden Surname)							
BE C	Simon Hammond		Lau	ıra Dor	sev							
8	19a. INFORMANT'S NAME (Type/Print)	t and Number or Rural			ode)							
임	Betty Stanton	(Daughter)	4534 H	Benni	on Rd.,	Wheato	on, MD 2	0906				
	20a. METHOD OF DISPOSITION	20	b. PLACE AND OATE	F OISPOSITIO			20c. LOCATION CIT					
	4 Donation 6 Other (Specify)	P	cemetary, crematory of arklawn	Memo:	rial Par	ck2/5	Rockvil	le, MD				
	21. SIGNATURE OF FUNERAL SERVICE L	A 10	when	SNOT	WDEN FUNKVILLE,	NERAL H	IOME, P.					
-	23. PART I. Enter the dispesses, or	t, Approxi	COLUMN TO SERVICE STATE OF THE									
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	Inani	ign.				Interval	Between and Death			
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate	OUE TO (OR AS	CONSEQUENCE OF):	4.	0							
FIC	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	C. OUE TO (OR AS	A CONSEQUENCE OF):									
ERI	resulting in death) LAST	that initiated events OUE TO (OR AS A CONSEQUENCE OF): d d										
CALC	PART II. Other algnificant condition	ns contributing to dasth i	out not resulting in	tha underly	ing causa givan ir		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN: MEDICAL						_ '	YES 2 NO	OF DEATH?] NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)						
Sic	EXAMINER?	HOSPITAL:		OTHER:	V	6 Other (Spec	56u)					
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 28c.	INJURY AT WORK?		HOW INJURY OCCU	REO				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, str colfy)	set, factory, of	Hice	261. LOCATION City or Town	(Street and Number or n, State)	Rural Route Number,				
COMPLETED	cool	SICIAN: To the best of my know										
S	2 MEDICAL EXAMIN	IER: On the beals of examination	on and/or investigation	in my opinior	, death occured at th	e time, deta and p	lace, and due to the	seuse(s) and manner so	n stated.			
8E	296. SIGNATURE AND TITLE OF CENTING	endals			D 176	O J	≥ 2 DATE 5	1492	(r)			
٩	30. NAME AND ADMINISCOF PERSON W	HO COMPLETEO CAUSE OF DE	EATH (ITEM 27) (Type, I	Print)	400D.	of N	e 8 1	-				
	31. OATE FILEO (Month, Day, Year)	#. PEGISPIAR'S SIG	NATURE JARO	7	, mule	W 11	W					
	FFR 5 '92	Frence Davidson	- Alles									





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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The firm be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral death. The Sate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

tra.	1 - FOR REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMEN	T OF I	HEALTH AN	D MENT	AL HYGIEN	ΙE	12	04749
	1. DECEDENT'S NAME (First, Middle, Last, IRMA SCHE		Н	LAINS				MO	E OF DEATH	1 , 19	92	3. TIME OF DEATH 2:27 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia. 79	st birthday)	IF UNDE	DAYS	IF UNDER 24 HR	5. 7. DAT	E OF BIRTH nth, Day, Year)			PLACE (State or Foreign
DIRECTOR	579–20–9958 98. FACILITY NAME (II NOT INSTITUTION, GIVE THE JOHNS HOPKI RESIDENCE OF DECEDENT	street and number)	TAL				OR LOCATION OF	DEATH	- 23 -	9c. COUN	TY OF DE	LINOIS RE CITY
IREC	10a. STATE 10b. COUN	ТҮ	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
	MARYLAND HOT 10e. STREET AND NUMBER 5764 STEVENS FO	REST PD	#222	COLUMBTA 101. ZIP CODE 21045						10g. CITIZEN OF WHAT CO		
BY FUNERAL	11. MARITAL STATUS 1	T EVER IN U.S. AF	N U.S. ARMED 13. WAS DECENDENT OF HISPAN 2 NO II yes, specify Cuben, Maxica					city: Specify:				
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elamentery/Secondary (0-12) 12	+) (G	CEDENT'S ive kind of v Do NOT us	vork done e retired.)	during mo	ON est of working	t	RESTA		JSTRY	WHITE	
BE CON	17. FATHER'S NAME (First, Middle, Last) CHARLES KLE						NAME (First	, Middle, Maiden				
TO B	CHARLES KLEIN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10220 HAVEN ST., LAS VEGAS, NEVADA 8912										Code) 3912.	3
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cat	see on each line		DA 11	NZAN 70 F	ROCKVII	LDBER	KE. RO	CKVTLI	.F. 1	ELS, INC. MD. 20852 Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	b. DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSEC	OUENCE OF	ten	4 1	Disea	ie				12 yrs
: MEDICAL	PART II. Other significant condition	ns contributing to	death but not r	esulting l	n the ur	nderlying	g cause given	In Part I.	24s. WAS AN PERFOR 1 YES 2	IMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/Outputlant 2		OTHE	R:	ACE OF DEATH					
ву рну	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	INJURY (ay, Year)	28b. TIME INJU	OF	26c. INJ WO			ther (Specify) ESCRIBE HOW INJURY OCCURED				
ED	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28s. PLACE OF INJURY — At home, larm, straet, lactory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, larm, straet, lactory, office City or Town, State)										r Rural Ro	oute Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ER: On the best of a	my knowledge, de xamination and/or i	ath occurre	d at the t	lme, data	and place, and o	lus to the co	euse(a) and mar	nner as stated	1. cause(s)	and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ULLU HO COMPLETED CAUS	MD				29c. LICENSE N	IUMBER			SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print).

VALUE D MILLER MD (COLIN Broadway)

102 REGISTRAR'S SIGN

31. DATE FILED (Month, Day, Year)
FFR 5 '92

Baltimore, MD2120

Tower 110

7.9.

notified at must be the medical examiner signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. shows any injury, or other traumatic event, been x. of t After this certificate has bee death with the State Dept. or marked, or item 23 sh

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

After t

TO THE FUNERAL DIRECTOR: De filed within 72 hours after of

.00

IMPORTANT: It item 28

	FOR STATE REGISTRAR		STATE OF I	MARYLA	AND / DEPAI CERTIF	RTMENT	OF I	HEALTH	I AND	MENTAL HYGIEN		32	0475	50
	1. DECEDENT'S NAME (First, ARTHUR			HANNA		NAH JR.		2. DATE OF DEATH O 2 0 6	MY 1	9 9 2	3. TIME OF DEA	ATH P		
	4. SOCIAL SECURITY NUMB 215-86-241		n yrs. lest birthday) 19 YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) APRIL 2,	1972	Count	PLACE (State or IV) ARYLAND	Foreign		
101	SHOCK TF									9c. COUNTY OF DEATH BALTIMORE				
- Cincolon	MD. BALTIMORE				10c. CI	TION			10			Y NO		
	100. STREET AND NUMBER 2 No. CI	0e. STREET AND NUMBER				101. ZIP CODE 2122					U.S.A.			
:		11. MARITAL STATUS 12. WAS DECEDENT EVER II				2 NO If yes, specify Cuban, Me				NIC ORIGIN? (Specify Ve en, Puerto Rican, etc.) fy:	14. RACE	— American Ind k, White, etc.		
	15. DECE (Specify only Elementary/Secondary (0-	+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				16b. KIND OF BUSINESS/INDUSTRY							
	17. FATHER'S NAME (First, Mic ARTHUR	SR.	ST	UDENT		16. MOT		AME (First, Middle, Meiden TENNE	SCHO(Surname) WHI					
	190. INFORMANT'S NAME (Ty) ADRIENNE	196. MAILING			nd Numbe	r or Rural	Route Number, City or Tov	vn, State, Zi	p Code)		-			

22. NAME AND ADDRESS OF FACILITY M00091 W. W. CHAMBERS CO., RIVERDALE, MD.20737 23. PART i. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or haart failure. List only one ceuse on each line. Intarvai Between IMMEDIATE CAUSE (Final **Onset and Daath** disease or condition a. CO NTACT GULSHOT WOUND DUE TO (OR AS A CONSEQUENCE OF): resulting in dasth) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

netery crematory or other placel CHAMBERS CREMATORY

RIVERDALE, MD.

2/7/1992

1 VES 2 NO OF DEATH? YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL:
1 N Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 XYES 2 NO me 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 02-06-1992 5 Pending 12:40a SELF-IN-FLICTED GSW 1 YES 2 X NO 2 Accident 28e. PLACE OF INJURY — building, etc. (Specify) 3 Suicide At home, farm, street, factory, office 261. LOCATION (Street and Number or Rural Route Number, 8 Could not be ST.BALTO. 4 Homicide datermined

STREET REAR-800 blk VINE 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and menner ea stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and menner as stated.

SIGNATURE AND TITLE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) fre 02-07-1992 O.C.M.E

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 N. PENN ST. BALTIMORE, MARYLAND

31. DATE FILES (MONTH, Day, Year)
FFR 10 '92

21. SIGNATURE OF FUNERAL SERVICE LICENSEI

62. RICISTRAR'S SIGNAMINA

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	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour
	3
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	OR TATE EGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMEN	T OF H	EALTH AND	MENT	AL HYGIEI			
1. DECE	DENT'S NAME (First, Middle, Les HARRY ATKIN	0)					2. DATE OF DEATH MONTH FEB 3 1992			3. TIME OF OEATH A	
072	AL SECURITY NUMBER 2-01-4223	1 □ M 2 □ F	(In yrs. last birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	TE OF BIRTH onth, Day, Year) EP 3 1903		Counti	IPLACE (State or Foreign
						OR LOCATION OF DEATH BETHESDA 9C. COUNTY OF DEATH MONTGOMERY				EATH	
100. STA	ATE 10b. COUN	ONTGOMERY			OR LOCAT	ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
11. MARI	S918 ANNISTON					101. ZIP CODE 10g. CITIZEN UNI				EN OF V	WHAT COUNTRY? D STATES
à 3 ₩ wi	ITAL STATUS IVER Married 2 Married Idowed 4 Divorced	FONCEST I M TES 2 NO IT year				DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 1 specify Cuban, Mexican, Puerto Rican, atc.) ES 2 NO Specify:				14. RACE Black Speci	- American Indian, white, atc.
Elem 17. FATH	15. DECEDENT'S ED (Specify only highest gradentary/Secondary (0-12)	UCATION	+) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working into Do NOT use retired.) U. S. NAVY DEFENSE					STRY			
17. FATH	TUEDIO MANGE (First Addition to the Control of the				18. MOTHER'S N	AME (First	, Middle, Meider BAILLIE	Sumame)			
O 194. INF	INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip C						0.4.5.0				
20a. MET	EDITH HOGAN ODELL 3100 SHORE DRIVE, VIRGINIA BEACH, VA 23451 20a. METNOD OF DISPOSITION 1 Burlel 2 A Cremation 3 Removal from Stata 4 Donation 8 Other (Specify)						wn, Stata				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY 28. NAME AND ADDRESS OF FACILITY 29. NAME AND ADDRESS OF FACILITY 20. NAME AND ADDRESS OF FACILITY 21. NAME AND ADDRESS OF FACILITY 21. NAME AND ADDRESS OF FACILITY 21. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY 28. NAME AND ADDRESS OF FACILITY 29. NAME AND ADDRESS OF FACILITY 20. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY 28. NAME AND ADDRESS OF FACILITY 29. NAME AND ADDRESS OF FACILITY 20. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY 28. NAME AND ADDRESS OF FACILITY 29. NAME AND ADDRESS OF FACILITY 29. NAME AND ADDRESS OF FACILITY 20. NAME AND ADDRESS OF FACILITY 20. NAME AND ADDRESS OF FACILITY 20. NAME AND ADDRESS OF FACILITY										
Sequer if any, cause. CAUSE that ini	shock, or hasrt failure. List only Dna cause Dn aach ilna. IMMEDIATE CAUSE (Final disease pr condition resulting in dasth) PULMONARY EMBOLUS OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in daeth) LAST DUE TO (OR AS A CONSEQUENCE OF):										
PART III	I. Other algnificant condition	onditiona contributing to death but not resulting in the underlying cause given in P				Part I.	PERFORMED? 1 Y YES 2 NO OF		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
Z5. WAS EXAM	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
27. MANN	YES 2 X NO	1X Inpatient 2 □ ER/Outs 28a. DATE OF INJURY	28b. TIM	E OF	28c. INJU	5 🗆 Residence	_	SCRIBE NOW I	NJURY OCCU	BED	
2 0	Natural 5 Pending Accident Investigation	(Month, Day, Year)		M M		ES 2 NO					
3 4 3	Suicide 8 Could not be Nomicide detarmined	28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)				28f. LO City	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	29a. CERTIFIER (Check only one) 1 ***XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. 2 **MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ee stated.								and manner ee stated.		
29b. SIGN	NATURE AND TITLE OF CERTIFIE		29c. LICENSE NU			MBER 29d. DATE			SIGNED (Month, Day, Year)		
	AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATN (ITEM 27) /3	Print ¹		12291					1-92
C.		ON, LT, MC, U	JSNR .	rtinij		NATIONA BETHESD					TER
	FB 10 '92	82 REGISTRAN	Matterne								

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner	
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traumatic	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE						04136	-			
	1. DECEDENT'S NAME (First, Middle, Lest) LSAAC					2. DATE OF DEATH DAY DAY			3. TIME OF DEATH	м		
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 219-24-0809	5. SEX 1 M 2 F 88 YRS. MONTHS DAYS			IF UNDER 24 HRS. HOURS MIN.	HRS. 7. DATE OF BIRTH (Morth, Dey. Year) April 3,1903 8. BIRTHPLACE (State Country) Poland				lri		
		9e. FACILITY NAME (M not institution, give street and number) Washington Adventist Hospita			96. CITY, TOWN OR LOCATION OF DEATH Takoma				9c. COUNTY OF DEATH Mont.			
	N.Y.	10c. CIT	CITY, TOWN OR LOCATION . New			W York 10d. INSIDE LIMITS' 1 ♥ Yes:						
	321 East 4	5tn Street		101	ZIP CODE 100	17	10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN (FORCES? 1 YES IF YES, GIVE WAR OR DAT	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puarto Ricen, etc.) 1 ☐ YES 2 M NO Specify:				14. RACE — American Indian, Black, White, etc. Specify: White					
	15. DECEDENT'S EDU (Specify only highest grack Elementary/Secondary (0-12) 1 2	College (1-4 or 5+)	(Give kind of work dose during most of working life. Do NOT use retired.)				166. KIND OF BUSINESS/INDUSTRY Manufacturer					
NO	17. FATHER'S NAME (First, Middle, Last)	Jewelry First, Middle, Leat)			18 MOTHED'S NA	ME (First, Middle, Malde		irei	r	_		
	David	I. Handel				zel Schusi	,					
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e		Route Number, City or To		in l				
5	Hana W. Hand	lv	_	ame as		word realitable, only or h	own, diale, alp dod	9/				
	20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20c. LOCATION — City or								sey			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Oue To (OR AS A CONSEQUENCE OF):					piretory arrest,		Approximate Interval Between Onset and De				
NO	Sepsis						ZWRS					
CERTIFICATION	GAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):					se 6mos				,		
CERT	resulting in death) LAST a. Myocaudial infarction					in 6mi				2		
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the possible occult malignary				he undeflying couse givan in Part I. 24a. WA. PEI			AWAILABLE PRIOR TO				
Ä	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									-		
Sic	1 YES 2 NO	HOSPITAL:	ent 3 DOA	OTHER:								
	27. MANNEB-OF DEATH 26e. DATE OF INJURY (Month, Dey, Year) 26b. TIME OF INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED INJURY											
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number,						rte Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, and due to the cause(s) end manner ee stated.											
TO BE C	SIGNATURE AND TITLE OF CERTIFIER FOR ASSOCIATE 28c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day Year) No. Lindaren 28c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day Year)											
-	Demo Dononul MD, 7600 Carroll Ave Takma Park, Md.									7		
	31. DATE FILED (Month, Day Year)	FER 11 9										

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BALTIMORE, MARYLAND 21203-3146

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH :00 WILLIAM BOYD HORNER 02-03-1992 A MM A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1 M 2 | F 217-16-9127 02-06-1919 Maryland 9a. FACILITY NAME (If not institution, give street and number 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Box Route 301 Princess Anne Somerset RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland 1 YES 2 NO Somerset Princess Anne 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 1, Box 301 Route 21853 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuber, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Neyer Married 2 Merried YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 Seafarer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) John W. Sadie Timmons Horner BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 William Princess 21853 Horner road. Anne Md 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Rer 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Cemetery Mt. Vernon. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home 9 He M00295 Princess Anne. Md. 23, PART / Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, **Approximate** shock, or haert fellure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition CARDIAC ARREST Instant resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events recuiting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Num me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 6 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) end menner as stated. tastion. In my pointon, death occurred at the time, date and place, and due to the cause(e) and manner as stated. SAGMATURE AND TITLE OF CERTIF BE M 10818 04 - 92 D COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 24859 Deal Island Road, Dames Md. D Quarter. M 31. DATE FILED (Month, Day, Year)
FEB 4 92 32. AGGISTRAR'S SIGNATURE
JUNIA DAVIDAGE FORDER

Nurs after death. Page 6 may be retained by the hospital or attending physician director, page 5 should be must examiner the funeral medical filled in by 0 the cremation, completely executed within other traumatic event, nding physician and com Hygiene prior to burial, certificate be attending 50 requires that the death signed by the atter Health and Mental Injury, shows any t, of H has be PHYSICIAN: The law 23 Item r this certificate h 0 marked, L OR ATTENDING PI DIRECTOR: After the hours after death v 28 Tem HOSPITAL FUNERAL within 72 h MPORTANT: If 開業 223

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				CERTIF	ICATE OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF DEATN			3. TIME OF DEATH
LOUISE C HA	ALLER						02 08		92	11:45 P:MM
4. SOCIAL SECURITY NUMB	ER	5. 9EX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
578-34-60	91	1 M 2 X F	8	4 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2-13-190	7	Countr M a	"ryland
9a. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY, TOWN	OR LOCATION OF DE		_	NTY OF D	
PRINCE GEOR		HOSPITAL	CENTER	2	CHEVE	ERLY				GEORGE'S
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCA	TION				10d, INSIDE CITY
Md.	Cha	rles		POM	IFRET					LIMITS?
10e. STREET AND NUMBER			_	1, 0,		of, ZIP CODE		10a CIT	TEN OF Y	VNAT COUNTRY?
Rt 2, Bo	× 118	В				20675		US		THAT COUNTRY?
11. MARITAL STATUS 1. Never Married 2 3 3. Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED	It yes, s		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No—	Black	American Indian, k, white, etc.
15. DEC	EDENT'S EDU highest grade	CATION	16a.	DECEDENT'S	USUAL OCCUPATI	ION	16b. KIND OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5) .	life. Do NOT us	se retired.)	on or working				
8th grade	е		L	aundr	ess		Hospit	al -	- Me	dical
17. FATHER'S NAME (First, Mi						18. MOTNER'S NA	ME (First, Middle, Maiden			
Walter H	. Coo	mbs				Matti	e F. Mon	roe		
19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	ADDRESS (Street		Route Number, City or Town		p Code)	
Lorraine	Agra	fiotis		Rt.,	Box 1	18B, Po	mfret, M	d. 2	2067	5
20a METHOD OF DISPOSITE 1 Surfal 2 Cremation 4 Donation 5 Other	ON n 3 🗆 Rem	oval from State	20b. PLAC comptery,		OF DISPOSITION (N		DATE 20c. LO	CATION -	City or To	wn, State
		CENSEF A.A.	- 136.	JU56	DII S	ND ADDRESS OF EA	2/12	Pomi	ret	, Md.
21. SIGNATURE OF FUNERAL) 7. ×	untt DO	N227		The P.O.	Huntt F Box 15	uneral H 6, Waldo	Ome,	In.	c. 20604
23. PARI I. Enter the di	seesee, or o	complicatione the	t caused the	death. Do r						
shock, or he	est fellure.	complications the List only one cau	t csused the ise on each li	death. Do r			h ea cardlec or reapl			Approximate interval Between
shock, or he IMMEDIATE CAUSE (Fin	est fellure.	Liet only one ceu	ise on eech li	ine.	not enter the me	ode of dying, suc	h ea cardlec or reapi			Approximate
shock, or he	est fellure.	Liet only one ceu	ise on eech li	ine.	not enter the me	ode of dying, suc	h ea cardlec or reapi			Approximate interval Between
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Shock, or he immediate cause (Find Indisease or condition resulting in death) Sequentisily list condition resulting in death) Sequentisily list condition in the cause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAST PART II. Other algoritics and the cause of the	ons, diete NG ry T	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSTITUTE OF THE INJURY OF Year) F INJURY - At etc. (Specify) my knowledge, xemination and/	SEQUENCE OF SEQUEN	26. P OTHER: A ON Nursing Nor E OF URY M 1 street, factory, officed at the time, date on, in my opinion, of	DACE OF DEATN (Chare 5 Rasidence	Part I. 24e. WAS AN PERFOR I YES 2 Sock only one) 6 Other (Specify) 28d. OESCRIBE HOW II 28t. LOCATION (Street a City or Town, State) to the cause(a) and men time, data and place, an	AUTOPSY MED? NO NJURY OC	24b.	Approximate interval Between Onset and Death '3 Cas WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this centificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
FFB 1 2 92

32. REGISTRAR'S SIGNATURE

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		Indicate the properties of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, Wolene prior to burial, cremation, or removal
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BALTIMORE, MARYLAND 21215-0020	y be	oade
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	53	rem rem
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92	ped v	al. c
68	ecul	bur
P.O. BOX 68760,	h certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	inding physician and completely filled in by the Hydiene prior to burial, cremation, or removal
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THE PERSON NAMED IN COLUMN TO PERSON NAMED I	TO BE COMDIFTED BY BUYCLOTAN: MEDICAL DEBTIFICATION	1
al examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
the funeral director, page 5 should be detached for use oval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	1
fter death. Page 6 may be retained by the hospital or a	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or all	15
BALTIMORE, MARYLAND 212	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
		4

1 - STATE REGISTRAR	OIMIL OF I	CERTIF	ICATE OF	DEATH	MENIAL TIGIEN REG. NO	_	
1. DECEDENT'S NAME (First, Middle, Last)			DEATH	2. DATE OF DEATH		3. TIME OF OEATH
ROBERT W. HICK	S, JR.				FEBRUARY	ñ9.1945	2 11:35 p
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIOTH	Las	BIRTHPLACE (State or Foreign
212-14-3735	1 M 2 F	90 YRS.	MONTHS DAYS	HOURS MIN.	AUGUST 14	1001	VIRGINIA
9e. FACILITY NAME (If not institution, give		90	DE CITY TOWAL	D 1 00171011 05 0			
CARRIAGE HILL NU		E		R SPRING	EATH	9c. COUNTY	OF DEATH NTGOMERY
10e. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LOCAT	ION			and moint out
			HINGTON				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
1920 EYE STREET,	N.W.			20006		U.S	S.A.
11. MARITAL STATUS 12 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED Y YES 2 NO AR OR DATES	If yes, sp	ENDENT OF HISPAI ecify Cuben, Mexico 20 NO Specifi	NIC ORIGIN? (Specify Yes on, Puerto Rican, etc.) y:		RACE — American Indien, Black, White, etc. Specify:
	•						WHITE
15. OECEDENT'S ED (Specify only highest grad	de completed)	(Give kind of a	USUAL OCCUPATION WORK done during mo	N st of working	16b. KIND OF BUS	SINESS/INOUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5 +						
	5+	ATTORN	EY		LAW		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
ROBERT W. HICK	S, SR.			JULIA	GAFFNEY		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Rural	Route Number, City or Tow	n, State, Zip Cod	•)
LEONA SCHRAMM (FRIEND)				WASH. D.		
294. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Re		20b. PLACE AND DATE	OF DISPOSITION (Na			CATION — City	
4 Donation 5 Other (Specify)	noval from State	HOLLYWOOD	CEMETERY	7			VIRGINIA
21. SIGNATURE OF FUNDRAL SERVICE L	ICENSEE	11022211002		D ADDRESS OF FA		miono,	VINGINIA
Melho, ON	6low				S SONS, IN AVE., WA		
ehock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF		ary	arres Mi.		Interval Betwee
PART II. Other eignificant condition	ne contribution to	death has see a see fall a					
- Constant Constant	is continuing to	death but not resulting i	n the underlying	cause given in	Part I. 24a, WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			20. PL	ACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:	ER/Outpetient 3 DOA	OTHEB				
27. MANNER OF DEATH	28e. DATE OF I				8 Other (Specify)	Litter Cooker	
1 Natural 5 Pending 2 Accident Investigation	(Month, De	y, Year) INJ	M 1 Y	RK? ES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURE	0
3 Suicide 8 Could not be determined	26s. PLACE OF building, e	HUJURY — At home, farm, a stc. (Specify)	treet, factory, office		281. LOCATION (Street a City or Town, Stete)	nd Number or Ru	ral Route Number,
290. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of r	ny knowledge, death occurre	d at the time, date	end place, end due	to the ceuse(e) end men	ner ee stated.	
- Andrews			, , , , , , , , , ,				
and Spontfline and Title or Centifie	m	W		DOR S	IBER	P 2	NED (Monfin, Day, Year)
JOHN MEREMOINO,		RANDOLPH RD		OCKVILLE	E, MD.20852	2 230-	0300
FEB 11 92	2 PARTIES	19 (de pura de la constante de la constante de la constante de la constante de la constante de la constante de					
LAW.							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirthin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Physician and completely filled in by the funeral director and complete	De lifed Willin Z Foods after detail with the State Debt. Of readult and mental rygere prior to buriat, definition, or removal.	IMPORIANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HO	TO THE FU	M Delli an	MPOHIA	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILEO (Month, Day, Year)
FEB 11 '92

_	1 - STATE REGISTRAR		STATE UF N	MAHYLAND C	/ DEPAF ERTIF	TMENT	OF H	DEAT	AND I	MENTAL HYGIEN		- 01	4/56
	1. DECEOENT'S NAME (First, N	E	F.	HARDI	EN					2. DATE OF OEATH MONTH	SAY -	YEAR 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. Is	ast birthday)			IF UNDER		7. DATE OF BIRTH		6. BIRTHP	LACE (State or Foreign
	229-16-9550		1 🗆 M 2 💢 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) July 14,	1917	Vir	ginia
	9s. FACILITY NAME (If not insti		reet and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF OE			UNTY OF OEA	
DIRECTOR	Suburban Ho	spita	1			Bet	these	la			Mon	tgomeı	cy
Ä	10a. STATE	10b. COUNTY			10c. Cl	TY, TOWN	OR LOCAT	ION				3	10d. INSIDE CITY
	Maryland	Montg	jomery		Ro	ckvil	lle					12	LIMITS?
FUNERAL	10e. STREET AND NUMBER						10	. ZIP COO	E		10g. CIT		IAT COUNTRY?
EB	1709 Henry R	≀oad						20851	l		Ini	ted St	ratos
5	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENOENT	OF HISPAN	IIC ORIGIN? (Specify Ye		14. RACE -	- American Indian.
	1 Never Married 2 M		FORCES? 1 IF YES, GIVE W	YES 2 X	INO	- 1- 1	If yes, sp	ecify Cuba	ın, Maxicai	n, Puarto Rican, atc.)		Black, Specify:	White, etc.
BY	3XXWidowed 4 Divorce	ed						I (XIII)	Specify			зресну.	White
	15. OECEC (Specify only h	OENT'S EOUC	CATION	16s. D	DECEOENT'S	S USUAL O	CCUPATIO	N		16b. KIND OF BU	SINESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-1)		College (1-4 or 5 4	+)	(Give kind of life. Do NOT u	use retired.)	auring mo	st or workii	ng .				
ē	8			Cl	Lerk					Retail			
COMPLETED	17. FATHER'S NAME (First, Midd	dle, Last)						18. MOTI	HER'S NA	ME (First, Middle, Maider	Surname)		-
BE	Irving Lee M	olden						Ann	ie F	Price			
0 8	19a. INFORMANT'S NAME (Type	e/Print)		1	9b. MAILIN	G AOORES	S (Street a	nd Number	or Rural F	Route Number, City or Tov	vn, State, Zi	ip Code)	
F	Ann L. Frazi	.er			1709	Henr	y Ro	oad,	Rock	ville, Ma	rylar	nd 20	0851
	20e. METHOD OF DISPOSITION			20h PLACE	FANDDATE	OF OISPOS	SITION /No	ment		OATE 200 10	CATION	City or Town	- Plate
	1XXBurial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S		wal from State	Park1	remetory or c	Memor	rial	Park	2/1	3/92 Ro	ckvi.	lle. N	Marvland
	21. SIGNATURE OF FUHERAL	SERVICE LIC	ENSE			22.	NAME AN	NO AOORE	SS OF FAC	CLUTY Robert	A. I	Pumphr	rev Funeral
	· Marin	14	D. A.			Ho	ome/F	₹ockv	rille	Inc. 3	00 We	est Mc	ontgomery
-	rome	<u> </u>	lerry	. M	100803	3 Av	renue	e, Ro	ckvi	lle, Mary	land	2085	0-2805
	23. PART i. Enter the dise shock, or hea	ert failure.	complications that List only one cau	t caused the duse on each lin	leath. Do i	not antar	tha mo	da of dy	ng, such	n as cardiac or reap	iratory sr	rreat,	Approximata interval Batween
	IMMEDIATE CAUSE (Final												Onset and Death
	disease or condition resulting in death))	. mas	25ive	Puli	ner	nevi	10	ma	20/05			5 min
			OUE TO	(OR AS A CONSE	EQUENCE O)F):							
Z	Sequentially list condition		OUE TO DUE TO	1/1/ple	pu	line	nes	1	em	Soli			one week
Ĕ	if any, leading to immedia		DUE TO	(OR AS A CONSE	EOUÉNCE O	AF):		1					
2	cause. Entar UNDERLYING CAUSE (Disease or Injury												
=	that initiated eventa		OUE TO	(OR AS A CONSE	EOUENCE O	IF):							
CERTIFICATION	resulting in death) LAST		1										
- 11	PART II. Other significant	condition	e contributing to	death but not	itino	In 650 411	- de elude		-torn In	1 Jay- 100 11		1	
N N	. 0	0.0				In the G	поепунц	Cause	Noti III	Part I. 24a, WAS AN PERFO		A	WAILABLE PRIOR TO
٥	6 lett on	nolle	bran	ch blo	cle					1 _ YES :	2 NO		COMPLETION OF CAUSE OF DEATH?
ž												1	YES 2 NO
PHYSICIAN: MEDICAL													
5	25. WAS CASE REFERRED TO I	MEOICAL	HOSPITAL:			T		ACE OF O	EATH (Che	ack only one)			
S	1 TES 2 X NO		12 Inpetient 2	ER/Outpatient	3 🗆 DOA	4 Nun		• 5 🗆 Ra	sidence	6 Other (Specify)			
T	27. MANNER OF OEATH		28a, OATE OF (Month, De	INJURY	26b. TIN	ME OF	26c. INJ	URY AT		26d. OESCRIBE HOW	INJURY OC	CUREO	
BY	1 Natural 5 Pe	ending vestigation		7. 1027		M		rES 2] NO				
20	3 Sulalda	ould not be	26e. PLACE O	F INJURY - At h	toma, larm,	street, faci	tory, offic			26f. LOCATION (Street	and Numbe	er or Rural Box	ute Number

WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) Maryland Viers 39. BEGISTPARIS SIGNATURE CARE

29c. LICENSE NUMBER

D3344_

29d. DATE SIGNEO (Month, Day, Year) 8F26

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FEB 11 92

FOR STATE REGISTRAR		STATE OF I	MARYLAND / Ce	DEPAF ERTIF	ITMEN1	OF I	IEALTH DEAT	AND I	MENTAL HYGIEN REG. NO	E	32	04757	
1. DECEOENT'S NAME (FI	H .	Hic	ks						2. DATE OF DEATH DO February		992	3. TIME OF DEATH 7:00 A	-
4. SOCIAL SECURITY NUI 031-05-534		5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 8. 1	913	Count	IPLACE (State or Foreign	
Suburban H	ospital	Charles and the				town o	sda	ON OF DI		9c. COU	NTY OF D		
Maryland	Mont	gomery			y, town o		TION					10d. INSIDE CITY LIMITS? 1XXYES 2 NO	-
10e. STREET AND NUMBE		e Street					OS53	E				WHAT COUNTRY?	-

	031-05-5349		1 M 2 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.		h, Day, Year)	913	Country)	achusetts
1	ae. FACILITY NAME (If not in	stitution, give	street end number)			9b. CITY	, TOWN	OR LOCAT	ON OF DE				TY OF DEA	
DIRECTOR	Suburban Ho	ospita EDENT	1			В	ethe	esda				Mo	ontgo	mery
ä	10e. STATE	10b. COUNT	Υ		10c. C/1	ry, town	OR LOCA	TION					1	IOd. INSIDE CITY
	Maryland		gomery		Ro	ckvi	lle						(LIMITS?
3A	10e, STREET AND NUMBER						10	H. ZIP COD	E			10g. CITIZ	ZEN OF WH	IAT COUNTRY?
FUNERAL	4420 Indepe	endenc						20853					ed St	ates
ВУ	1 Never Merried 2 3 X Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W. World W.	X YES 2 AR OR DATES			If yes, s	CENDENT (pecify Cube S 2 K NO	n, Mexice	n, Puerto	N? (Specify Yes Ricen, etc.)	or No-	Specify:	American Indian, White, etc.
	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	16a, DI	ECEDENT'S	USUAL O	CCUPATI	ON ast of working	w.	168	. KIND OF BUS	BINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5+	'		se retired.)	doming in	ost of working	~	Q	uarter	maste	er Co	rps
M	17. FATHER'S NAME (First, M	infettin (a a t)	1	C1	lerk						nited		es Ar	my
			als a								Middle, Meiden	Surneme)		
BE	Charles Her		CKS	140	b MAIL ING	400000	2 (0)		se C					
2	Helen R. Bi		20								ber, City or Tow			
	20e. METHOD OF DISPOSIT		all	20b. PLACE			_		ntnr		Massac			02152
	1 N Burlet 2 Cremetic 4 Donation 5 Other	n 3 🗆 Rem	ioval from State	cemetery, cre	ematory or o	of dispos	MANITION	ame of		DAT	20c. LO	CATION — C	Olty or Town	, State , Maryland
	21. SIGNATURE OF FUNERA		CENSEE	0 M0038	OL H	22	MAME A	MD ADDRE	DO OF EAC	Ott. ETT.				
	Barbara,	20mer	nulland	aurenc		ROBE	ber	t A.	Pump	phre	y Fune ase, I Maryl	ral H	ome/ 7557	Wisconsin 4-3501
CERTIFICATION	23. PART i. Enter tha di ahock, or hi immediate CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	ona, diate	a. CAL	OR AS A CONSE	Quence o	o per	ly		a	hes		ratory arre	sat,	Approximate Interval Batween Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other algoritica	per	e contributing to		resulting	in the un	deriyin	g cauae ç	liven in I	Part i.	24a. WAS AN PERFOR 1 YES 2	MEO?	AV CC DF	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only on	0)			
₹ ¥	1 YES 2 NO		1 M Inpatient 2		,	4 🗆 Nun	ling Horr	6 5 □ Ra	sidence (6 🗆 Othe	(Specify)			
BY PH	1 Natural 5 🔲	Pending nvestigation	28a. DATE OF I (Month, Da	y, Yber)		M	1 🗆 '	YES 2	NO ON	28d. DES	CRIBE HOW IN	IJURY OCCI	JRED	
		Could not be letermined	28s, PLACE OF building, e	INJURY — At ho rtc. (Specify)	ome, farm, s	Rreet, fact	ory, offic	•		28f. LOC. City	ATION (Street e or Town, State)	nd Number (or Rural Rout	te Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDI	FYING PHYSI	CIAN: To the best of r	my knowledge, de	ath occum	ed at the ti	ma, data pinion, d	and place,	and due t	to the cau	se(s) end man	ner as atate	d. ceuse(s) er	nd manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CENTIFIER	h In	rece	2			29c, LICE	NSE NUM	BER 45	_	29d. DATE	SIGNEO (M	fonth, Day, Year)
2	30. NAME AND ADDRESS OF		O COMPLETED CAUSE	E OF DEATH (ITE	M 27) (Type,	Print)	Step	ohen	Jone	s, M	.D.	-	1.7.	72
	31. DATE FILED (Month, Day, 1			L'S SIGNAT CONT	0/2	02/2	ust	ce,	120	el.	400	>/		NEW SECTION
	FEB 11 '9	12	Giolia Dav	(dest-	dell									A Lock

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	-1	75
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 noung	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or in

FEB 11 92

	1. DECEDENT'S NAME (First, Middle, Last)				ICATE OF		2. DATI	REG. NO	,		3. TIME OF DEATH	
L	Ne	ettie L.	Higdon				Feb	ruary	9, 19	92	3:15 P	٠,
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In	•	IF UNDER t YEAR	IF UNDER 24 HRS	7. DATE	th, Day, Year)		8. BIRTI		ilgn
	212-03-6902	1 M 2 X F	75	YRS.			Oct	t. 31,	-		ryland	
	9a. FACILITY NAME (If not institution, give s					DR LOCATION OF	DEATH		9c. COL	INTY OF E	EATH	
5 -	Holy Cross Hospi	Ital			Silver	Spring	_		Mon	tgom	ery	
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LOCA						10d. INSIDE CITY	
3 -	Maryland Mo 100. STREET AND NUMBER	ntgomery				r Spring					1 TES 2 X	0
FUNERAL		D = = 4			10	M. ZIP CDDE			1		WHAT COUNTRY?	
2	9119 Manchester 11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. A	RMED	13 WAS DE	2090 CENDENT OF HISP		and (Canadhy Va			States	
1 1	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2 X	NO	If yes, s	ecity Cuban, Mexi 3 2 ⊠ NO Spe	cen, Puerto	Rican, atc.)	e or No-	14. RACI Blac Spec	E — American Indian k, Whita, alc. #y: White	•
	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	1	Give kind of	USUAL OCCUPATI	ON of working	161	b. KIND OF BU	SINESS/IN	DUSTRY	111.2.00	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT us	se retired.)							
E -	12 17. FATHER'S NAME (First, Middle, Lest)			Sales	Associa				artme	nt S	tore	
<u> </u>	William David	Miller				-	ret I	Ellen 1	Halle			
2	19a. INFORMANT'S NAME (Type/Print) Ellen Adams			24109	Newbur	Road,	Gaith	nersbu			0882	
1	20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremalion 3 Rem 4 Donation 8 Other (Specify)	ioval from Stale			y Crema	torium,		Be	theso		wn, State	
1	II. SIGNATURE OF FUNERAL SERVICE LIE	dD(see									at y talla	
1	David E.	erry		M0080)3 Avenu	Rockvil e, Rock	le, I	obert nc. 3	A. P 00 W	umph: est 1	rey Funer Montgomer 850-2805	a]
	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ce	it ceused the duse on each lin	eath, Do r	Avenu	Rockvil e, Rock	le, I ville	obert nc. 3 , Mary diec or reap	A. P 00 W land	umph: est 1	rey Funer Montgomer	wea
	IMMEDIATE CAUSE (Final disease or condition	a DUE TO b DUE TO c	t ceused the duse on each lin	eath. Do re.	Avenu ot enter the mo	NO ADDRESS OF A ROCKVII. e, ROCK ede of dying, su	le, I ville	obert nc. 3 , Mary diec or reap	A. P 00 W land	umph: est 1	rey Funer Montgomer 850-2805	weal
CENTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO b. DUE TO c. DUE TO d.	It coused the duse on each line (OR AS A CONSE	EQUENCE OF	Avenue of enter the mo	NO ADDRESS OF A ROCKVIL e, Rockvide of dying, su	raciumy R le, I ville ich as can	obert nc. 3 , Mary diec or reap	A. P 00 W land	umph: est 1	rey Funer Montgomer 850-2805	wea
CENTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO b. DUE TO c. DUE TO d.	to coused the duse on each line. OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE deeth but not	EQUENCE OF	Avenue of enter the mo	NO ADDRESS OF A ROCKVIL e, Rockvide of dying, su	raciumy R le, I ville ich as can	obert nc. 3 , Mary diec or reap	A. P 00 W land iretory ar	umph: est I 200 rest,	rey Funer Montgomer 850-2805	wea Da at
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CENTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST,	a. DUE TO b. DUE TO c. DUE TO d	to coused the duse on each line. OR AS A CONSE OR AS A CONSE OR AS A CONSE deeth but not	eath. Do re.	Avenue of enter the more of the course of th	NO ADDRESS OF IROCKVIL e, Rockvide of dying, such a control of dying, such a control of dying and a control of dy	n Part I.	obert nc. 3 , Mary diec or reap 24a. WAS AN PERFOR 1 YES 2	A. P 00 W land iretory ar	umph: est I 200 rest,	rey Fune: Montgome: 850-2805 Approximatinterval Bat Onset and i	wea Da at
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST, PART II. Other eignificant condition CONDECTION OF THE CONDITION OF THE CAMPINER OF DEATH MANNER OF DEATH Matural S Pending	a. DUE TO b. DUE TO c. DUE TO d	to coused the duse on each line (OR AS A CONSE) (OR AS A CONSE) (OR AS A CONSE) death but not	eath. Do re.	AVENUE AV	ROCKVIL e, ROCK de of dying, su g cause given is ACE OF DEATH (C	n Part I.	obert nc. 3 , Mary diec or reap 24a. WAS AN PERFOR 1 YES 2	A. P 00 W land iretory ar	umph; est I 200 rest,	rey Fune: Montgome: 850-2805 Approximatinterval Bat Onset and i	wea Da at
CENTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST, PART II. Other eignificant condition CORPORTION OF THE PROPERTY	a. DUE TO b. DUE TO c. DUE TO d	to coused the duse on each line (OR AS A CONSE) (OR AS A CONSE) (OR AS A CONSE) death but not	eath. Do re.	AVENUE AV	g cause given i	n Part I.	obert nc. 3 , Mary diec or reap 24a. WAS AN PERFOR 1 YES 2	A. P 00 W land iretory ar	umph; est I 203 reat,	rey Fune: Montgome: 850-2805 Approximatinterval Bat Onset and i	wes Da a

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Eq. (4)

	Same 1	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Z	5	

1	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFICA			IENTAL HYGIEN			, 0 .
	1. DECEDENT'S NAME (First, Middle, Lest)	Horalma	K. HONEM			2 7	7 9	3. TIME OF DE. 4.30	M
	4. SOCIAL SECURITY NUMBER 2 / 6-46-7125 9a. FACILITY NAME (If not institution, give st	1 M 2 3 90	YRS. MON	THE DAYS, HO	URS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Country) ENNSYLVANI	
TOR	MANIR CAR	E WHEA	ton	WHEA	1		rate .	NT 90 M44	X
DIRECTOR		NIGOMERX		HEAT	N			10d. INSIDE CI LIMITS? 1 YES 2	
FUNERAL	2504 PAR			10f, ZIP	20902		US		
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MO	If yes, specify		C ORIGIN? (Specify Ya , Puerto Rican, etc.)	a or No 14	Specify:	
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)		Me. Do NOT use ret	done during most of ired.)	working	16b. KIND OF BU	ISINESS/INDUS	TRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)		HOU	SEWIFE 18.	MOTHER'S NAM	IE (First, Middle, Maider	Surname)		
H H	GEORGE SETLEY			1		7.	owr		
2	19a. INFORMANT'S NAME (Type/Print) RICHARD H. DOWNS	(GRANDSON)				Oute Number, City or Tox			
	20g_METHOD OF DISPOSITION 1	20b. PL oval from State	ACE OF DISPOSITION (NEW PRINCE)	N (Name of cemeter			OCATION - CIT	y or Town, Stata MARYLANI)
	21. SIGNATURE OF FUNERAL SERVICE LIC	D. Cumi	0		J. COL	LINS FUNE		ME, INC. PR.,MD.209	901
	23. And Enter the diseases, of a shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ohapfications that caused the Liet only one cause on each a Lewis DUE TO for AS A CO	mine.	enter the mode of	of dying, such	as cerdiec or reap	piratory erres	Interval	mate Between nd Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO							
MEDICAL CER	PART II. Other algnificant condition	a contributing to death but	not resulting in ti	he underlying ca	use given in I	0.000.00	RMED?	24b. WERE AUTOPSY AVAILABLE PRIC COMPLETION O OF DEATH?	OR TO F CAUSE
						_		1 TES 2	NO
SA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATH (Che	ck only one)			
PHYSICIAN:	1 ☐ YES 2 € NO 27. MANNER OF DEATH	1 Inpatiant 2 ER/Outpatio	int 3 DOA 44	CHER:					
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK?	2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	it, factory, office		261. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	1	CIAN: To the best of my knowledger. R: On the basis of axamination as							e stated.
TO BE C	29b, SIGNATURE HID TO CERTURE	Sofm	w	29	DO //	BER 20	29d. DATE :	FEB 9	2
	30. NAME AND ADDRESS OF PERSON WHO	GOODE OF DEATH	(ITEM 27) (Typo, Pri	79 SHOR	EFIC	su en	WH	FEB 9.	up
	FFB 11 92	guila Danida	Control						

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a was after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First, Middle, Lest)	marian i		k'oc				2. DATE OF GEAT	DAY	YEAR 3. TIME OF GEATH
H	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. In	st birthday)	IF UNDER 1 YEAR	IF LINDS	R 24 HRS.	7. DATE OF BIRTH	1-9	8. BIRTHPLACE (State or Fores
	578-38-7177 9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 😾 F	74	YRS.	MONTHS DAYS	HOURS	MIN.	MAR . 24 .	, 1917	WASHINGTON.
	HOLY CROSS HOS				96. CITY, TOWN	ER S			1 100	ONTGOMERY
	10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
	MARYLAND MONT	GOMERY			SILVER					LIMITS?
	8750 GEORGIA AVEN	NUE #523A			100	r. zip cod)910		10g. CiT	USA
	11. MARITAL STATUS 1 Never Merried 2 Married 3XX Widowed 4 Divorced 12. WAS OECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR OATES				If yes, s	CENDENT	OF HISPAI	NIC ORIGIN? (Specify in, Puerto Rican, etc. iy:	Yes or No—	14. RACE — American Indian, Black, White, etc. Specify:
ı	15. DECEDENT'S EDU	CATION	18a. Di	ECEDENT'S	USUAL OCCUPATI	ON		16b. KIND OF	BUSINESS/INI	DUSTRY
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	-) #fe	a. Do NOT us	work done during in the retired.) ECRETAR		ng	LAW		
I	17. FATHER'S NAME (First, Middle, Last)		LUL	UAL D	ECKETAK		HER'S NA	ME (First, Middle, Mai	den Surname)	
I	ROBERT WAKEFIELD	PARKER				1 33	SARA	AH ANNA E	ARLY	
I	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or	Town, State, Zip	p Code)
ŀ	MARIAN M. DALTON 200. METHOD OF DISPOSITION	(NIE	12.		HUGH GR		NE	ALBUOUER		
į	1 Burlai 2 N Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	cemetery, cre	ematory or of	DF DISPOSITION (N ther plece)			1		City or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE UC	ENSEE	METRO	DPULL	TAN CREM			12/3 AT.	EXANDR	IA, VIRGINIA
1	*30m DE	Xul-			FRANCI	S J.	COL	LINS FUN	ERAL H	OME, INC.
	23. PART I. Enter the diseases, or cahock, or haert failure. IMMEDIATE CAUSE (Finel disease or condition	List only one cau	se on each line	eath. D O n	ot enter the mo	da of dy	ing, suc	n as cardlec or re	espiratory an	interval Bety Onset and D
	resulting in death)	DUE TO	IGA AS A CONSE	QUENCE OF	1					2000
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to	COR AS A CONSE	COLL OUENCE OF	guer	20	لعالم	wilty		2 ml
	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to	COR AS A CONSE	OUENCE OF	gne.			,	AN AUTOPOLY	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	COR AS A CONSE	OUENCE OF	greech:			Part I. 24a. WAS PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FIND AWAIL ABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Hemiforesis Julable 25. WAS CASE REFERRED TO MEDICAL	DUE TO	COR AS A CONSE	OUENCE OF	green in the underlyin	g couse (given in	Part I. 24s. WAS PERI	FORMED?	24b. WERE AUTOPSY FINDI AWAIL ABLE PRIOR TO COMPLETION OF CAU OF DEATH?
	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Hemiforesic Juliand	DUE TO	OR AS A CONSE	OUENCE OF	green in the underlying the underlyi	g couse (given in	Pert I. 24s. WAS PERI 1 YES	FORMED?	24b. WERE AUTOPSY FINDI AWAIL ABLE PRIOR TO COMPLETION OF CAU OF DEATH?
	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition PERING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition PERING CAUSE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO	COR AS A CONSEI	OUENCE OF	26. Pl OTHER: 4 Nursing Horr	g couse of D	given in	Part I. 24s. WAS PERI	FORMED?	24b. WERE AUTOPSY FINDI AWAIL ABLE PRIOR TO COMPLETION OF CAU OF DEATHY 1 YES 2 NO
	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Perinformation Perinformation Perinformation Perinformation 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO DUE TO DUE TO C. DUE TO A contributing to C. A CONTRIBUTION DUE TO 28 A DATE OF (Month, Da 280 PLACE OF	(OR AS A CONSECTION OF AS A CONS	OUENCE OF	26. Pl OTHER: 4 Nursing Horr	ACE OF D OF S RE ORY AT RK?	given in	Part I. 24s. WAS PERI 1 YES 25ck only one) 8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCC	24b. WERE AUTOPSY FINDI AWAIL ABLE PRIOR TO COMPLETION OF CAU OF DEATHY 1 YES 2 NO
	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Herinforesist condition Acceptable 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO OUE TO DUE TO d. a contributing to DUE TO	(OR AS A CONSECTION OF THE CON	OUENCE OF OUENCE OF resulting i DOA 28b. TIME	26. Pl OTHER: 4 Nursing Hom E OF 28c. IN. WC 1 WC 1 treet, factory, officed at the time, data	G COUSE &	EATH (Che isidence	Part I. 24s. WAS PERI 1 YES Sck only one) 8 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Street, Street, S	W INJURY OCC	24b. WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO CURED OF Rural Poute Number,
	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Herinforesist condition Acceptable 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO DUE TO	(OR AS A CONSECTION OF THE CON	OUENCE OF OUENCE OF resulting i DOA 28b. TIME	26. Pl OTHER: 4 Nursing Hom E OF 28c. IN. WC 1 WC 1 treet, factory, officed at the time, data	g ceuse of D ACE OF D 5 Re URY AT RK? YES 2 e and place, eath occur	EATH (Che isidence	Part I. 24a. WAS PERI 1 YES PERI 1 YES PERI 1 YES PECK only one) 8 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St. to the cause(a) and it time, date and place,	W INJURY OCC wet and Number ate) manner as state and due to the	24b. WERE AUTOPSY FINDI AWAILA BALLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO CURED OF Rural Poute Number,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within xxx inours after death. Page is may be retained by the hospital or attending physician.	THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacted for use as the burial-transit permit. Pages	be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burlar, cremation, or removal.	IMPORTANT: If Isom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After thi	be filed within 72 hours after death w	IMPORTANT: If Item 28 is mark

•	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIENI REG. NO.	E	
	1. OECEDENT'S NAME (First, Middle, Last)	ace Jones					992 YEA	4:15 P M
	4. SOCIAL SECURITY NUMBER 220-03-4939		,	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 3 (2000) / 19 9 9	9	IRTHPLACE (State or Foreign Syntry) Maryland
OR	9a. FACILITY NAME (If not Institution, give at 222 Meteor Ave			Cambr	idge	ATH	Dord	chester
DIRECTOR	10a. STATE 10b. COUNTY Maryland Dor	chester		nbridg				10d. INSIDE CITY LIMITS? XX YES 2 NO
FUNERAL	100. STREET AND NUMBER 222 Meteor Ave	nue Apt. 1	03	101	21613		10g. CITIZEN	US
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES TO WE WAR ON DECEMBER OF DECEMBER OF THE TENT OF THE T	U.S. ARMED 2 NO NTES	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerlo Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ille. Do NOT use	rk done during mo retired.)	st of working	16b. KIND OF BUS		łY
COMP	11 17. FATHER'S NAME (First, Middle, Lest) Clarence Eu	gene Jone		eter R	18. MOTHER'S NA	Power ME (First, Middle, Melden La Canno	Sumeme)	
TO BE	190. INFORMANT'S NAME (Type/Print) Helen F. Jones					Route Number, City or Tow	ambric	dge, Md.
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21, SIGNATURE OF NERAL SERVICE LIG	oval from State	other place) Jones Fa	am. Ce		Ca	mbride	or Town, State qe, Md.
	23. PART Enter the disease, prospective shock, properties. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cluster OUE TO (OR AS A	ach line.	700	Locust de of dying, suc	th as cardled or resp	iratory errest,	Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE OF)	:				
MEDICAL C	PART II. Other eignificant condition	ne contributing to death b	ut not resulting in	tha undariyin	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF OEATH (C	heck only one)		
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	oatlent 3 DOA			8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	' — At home, farm, st	reet, factory, offi	:0	281. LOCATION (Street City or Town, State		lurel Route Number,
COMPLETED	(Critical Driny	ICIAN: To the best of my know ER: On the basis of examination						euse(s) and manner es stated.
BE	296. SIGNATURE AND TITLE OF CUMP	Danies -			29c. LICENSE NU			GNED (Month, Day, Year)
TO		HO COMPLETEO CAUSE OF DE	DORCHE	Print)	GEN. /	tose Con	nen 10	10-92 65 RUD
	FEB 1 Z '92	32. REGISTRAR'S SIGN	14dson-Hand					

by the hos	t be detache		at once.
be retained	ge 5 should		e notified
Page 6 may	director, pay		er must b
fter death. P	the funeral	oval.	ai examin
24 nours a	y filled in by	tion, or rem	the medic
ecuted within	nd completely	burial, crema	natic event, the
ificate be exe	physician ar	ene prior to	her trauma
e death cert	he attending	Mental Hygie	jury, or ot
uires that th	signed by t	Health and	ws any in
The law req	te has been	ite Dept. of	em 23 sho
HYSICIAN:	his certifical	with the Sta	ked, or ite
TENDING P	TOR: After ti	offer death	28 Is mari
YTAL DR AT	RAL DIRECT	72 hours a	: If Item 2
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

A 1 1	Middle, Last)							2. DATE OF I	DAY	YEA	3. TIME OF OEAT	
Gertrude 1									-1992		5:30a	
4. SOCIAL SECURITY NUMBER			. AGE (In yrs. last bi		MONTHS D	AR IF UNDER	MIN.	7. DATE OF E (Month, Da	y, Ybar)		IRTHPLACE (State or Fo ountry)	
122-28-6279		M 2 X F	83	YRS.					-1908		NEW YORK	
9a. FACILITY NAME (If not ins		,				WN OR LOCAT		EATH	1 "	COUNTY		
Potomac Val.	Ley Nurs	ing Cen	ter		Kock	ville,	Md.			Montg	omery	
10e. STATE	10b. COUNTY			10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
MARYLAND	MONTGO	MERY		PO	TOMAC						LIMITS?	
10e. STREET AND NUMBER						101. ZIP COD	E		10	g. CITIZEN	OF WHAT COUNTRY?	
11909 F	ALKIRK D	RTVE.				20854	4			IINTTE	D STATES	
11. MARITAL STATUS 1 Never Married 2 SW Widowed 4 Divon	Merried 12.	WAS DECEDENT I	EVER IN U.S. WRIME YES 2 NO R OR DATES	2 NO If yes, specify Cuban,			OF HISPAN	OF HISPANIC ORIGIN? (Specify Yee or No.— 14. I			RACE — American India Black, White, etc. Specify: WHITE	
	OENT'S EOUCATIO		1Se. DECE	DENT'S	USUAL OCCU	PATION og most of worki	ina.	16b, KIN	D OF BUSINE	SS/INOUSTI	RY	
Elementary/Secondary (0-		flege (1-4 or 5+)	life. Do	o NOT us	e retired.)	g most or work	ng.					
12			5	SECR	ETARY			PI	RIVATE	INDU	STRY	
17. FATHER'S NAME (First, Mic	ddle, Last)					16. MOT	HER'S NA	ME (First, Middl			->	
LEIB	LORBER					RI	EBECO	CA SI	CZER			
19e. INFORMANT'S NAME (Ty	pe/Print)	1 BY 10	19b. I	MAILING	ADDRESS (S	reet and Numbe	or or Rural i	Route Number, C	City or Town, St	ate, Zip Code	9)	
Sidney Kaltı	nan	(SON)	11	1909	FALK	IRK DR	, PC	OTOMAC.	MARY	LAND	20854	
20a. METHOD OF DISPOSITION 1 [Villariel 2] Cremation		rom State	20b. PLACE AN of cemetary, cr					DATE	20c. LOCATI	ON — City	or Town, State	
4 Donation 5 - Other	(Specify)		BETH I		EL			2/3	WOODB	RIDGE	NEW JER	
21. SHUNATURE OF FORERAL	SERVICE LICENSE				DAN		-GOLI	DBERG M				
23. PART I. Enter the dis	and the second second second	licetions that	raused the deat	h Don	ot enter th	RUCK	dna euc	E. ROCE	or respirate	MD	20852 Approxim	
shock, or he	esrt fallure. Liat	only one cause	on sach lim.				, mg, ouc	on as cordiac	or respirate	ny onout,	Interval B	
IMMEDIATE CAUSE (Find disease or condition	al .		Kin	111	me	1117	,				12 //	
resulting in death)	a	DUE TO (C	OR AS A CONSEQU	ENCE OF	F): ,	1		1 1			340	
		AUte	Vin Scl	PV	axic	HO	RUK	+ D	115/8	CP	11241	
					1010	/ [[
Sequentially list condition		DUE TO (C	R AS A CONSEQU	ENCE OF	Piyy V						12.	
Sequentially list condition if eny, leeding to immed ceuse. Enter UNDERLYIS CAUSE (Disesse or injusthat initiated events resulting in deeth) LAST	diate NG ry c.	DUE TO (C	OR AS A CONSEQUE	ENCE OF	-			1204			20 41	
If eny, leeding to Immed ceuse. Enter UNDERLY!! CAUSE (Disesse or Injui- that initiated events resulting in deeth) LAST	diete NG ry c. (r):	rvios	cle	1204	5		20 Yr	
If eny, leeding to immed ceuse. Enter UNDERLY!! CAUSE (Disesse or Injui that initiated events	diete NG ry c. (r):	rvios	cle	Part I. 24		TOPSY	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF IO OF DEATH? 1 YES 2	
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If eny, leeding to Immed ceuse. Enter UNDERLY!! CAUSE (Disesse or Injui- that initiated events resulting in deeth) LAST	ont conditions co	ntributing to d			F): In the unde	rvios	given in	Part I. 24/	. WAS AN AUT	TOPSY	AVAILABLE PRIOR COMPLETION OF O OF DEATH?	
If eny, leeding to Immediceuse. Enter UNDERLY CAUSE (Disease or Injurthat initiated events resulting in deeth) LAST PART II. Other significant in the control of the contr	o MEDICAL	ntributing to d		eulting (In the unde	TVIOS	given in	Part I. 24/	. WAS AN AUT PERFORMED YES 200	TOPSY	AVAILABLE PRIOR COMPLETION OF O OF DEATH?	
If eny, leeding to immediate. Enter UNDERLYIE CAUSE (Disease or injurithat initiated events resulting in deeth) LAST PART II. Other significates. 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1	o MEDICAL HO	ntributing to d	esth but not ree	DOA 28b. TIM	OTHER: 4 Nurshn	TVIOS	given in	Part I. 244 1 heck only one) 6 Other (Sy	. WAS AN AUT PERFORMED YES 200	TOPSY 277 NO	AMAILABLE PRIOR COMPLETION OF 6 OF DEATH?	
If eny, leeding to immed couse. Enter UNDERLY CAUSE (Disease or Injurity that initiated events resulting in deeth) LAST PART II. Other eignification of the country of the	d	DSPITAL: Inputer 2 1 280. DATE OF IN (Month, Day)	ER/Outpatient 3 NJURY At home	DOA 28b. TIM	OTHER: 4 BNursing	rlying csuse 26. PLACE OF Home 5 F WORK? VES 2	given in	Part I. 244 1 heck only one) 6 Other (Sc 286, DESCRI	WAS AN AUT PERFORMED YES 2/2/24	OPSY D7 NO	AMAILABLE PRIOR COMPLETION OF 6 OF DEATH?	
If eny, leeding to Immediceuse. Enter UNDERLYIII CAUSE (Disesse or Injurithat initiated events resulting in deeth) LAST PART II. Other significations and the control of t	ont conditions co	DSPITAL: Inputient 2 1 25e. DATE OF It (Month, Day) 25e. PLACE OF building, et	ER/Outpatient 3 NJURY At home	DOA 28b. TIM	OTHER: 4 Nursing	rlying csuse 26. PLACE OF Home 5 R C. INJURY AT WORK? YES 2 office	given in DEATH (Ch	Part I. 244 1 1 theck only one) 6 Other (S) 28d. DE\$CRI 28f. LOCATIC City or R	was an autrement of the performer of the performer of the performer of the performance of	TOPSY D7 NIO RY OCCURE Number or R as stated.	AMAILABLE PRIOR COMPLETION OF 6 OF DEATH? 1 YES 2	
If eny, leeding to Immediceuse. Enter UNDERLYIII CAUSE (Disesse or Injurithat initiated events resulting in deeth) LAST PART II. Other significations and the control of t	o MEDICAL Pending Investigation Could not be determined CAL EXAMINER: Or	DSPITAL: Inputient 2 1 25e. DATE OF It (Month, Day) 25e. PLACE OF building, et	ER/Outpatient 3 NJURY At home	DOA 28b. TIM	OTHER: 4 Nursing	riying csuse 26. PLACE OF Home 5 R C. INJURY AT WORK? YES 2 office	given in DEATH (Ch	Part I. 244 1 1 6 Other (Sc 28d. DESCRI 28f. LOCATIC City or R	Decity) BE HOW INJUDENT (Street and Inventor and Invento	RY OCCURE Number or R as stated.	AMAILABLE PRIOR COMPLETION OF 6 OF DEATH? 1 YES 2 ED Aural Route Number,	
If eny, leeding to Immediceuse. Enter UNDERLY CAUSE (Disesse or Injurity that initiated events resulting in deeth) LAST PART II. Other signification in the control of the	D MEDICAL Pending Investigation Could not be determined DIFFING PHYSICIAN CAL EXAMINER: Or OF CERTIFIER	OSPITAL: Impatient 2 1 28e. DATE OF In (Month, Day) 28e. PLACE OF building, at	Sesth but not ree	DOA 28b. TIM	OTHER: 4 SNurshn E OF 28 URY M atreet, factory	rlying csuse 28. PLACE OF Home 5 P. C. INJURY AT WORK? YES 2 office dete end piece lon, death occi	given in DEATH (Ch teeldenca NO No e, end due ured at the DENSE NU	Part I. 244 1 1 6 Other (Sc 28d. DESCRI 28f. LOCATIC City or R	Decity) BE HOW INJUDENT (Street and Inventor and Invento	RY OCCURE Number or R as stated.	AMALABLE PRIOR COMPLETION OF C	

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TO BE COMPLETED BY FUNERAL DIRECTOR	
ICIAN: MEDICAL CERTIFICATION	
TO BE COMPLETED BY PHYSIC	

BALTIMORE, MARYLAND 21215-0020

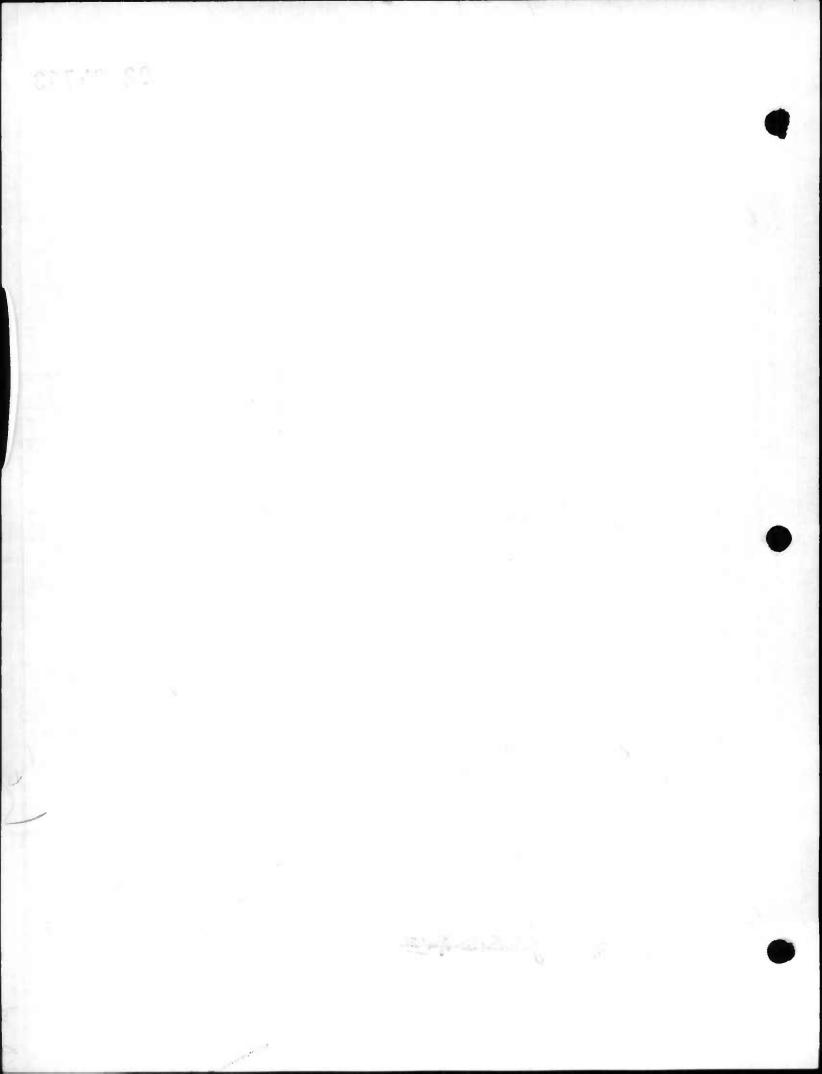
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

REGISTRAR			C	ERTIFIC	CATE O	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE	OF DEATH		3	. TIME OF DEATH
MARY LOUIS	E KEI	RIN					JAN	JARY 3	199	2	
SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. Is	isl birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1	8. BIRTHPL	ACE (State or Foreign
579-60-9189		1 - M 2 X F	90	YRS.	ONTHS DAYS	HOURS MIN.	JAN	. 08,1	902	Country)	LLE, NEW Y
. FACILITY NAME (If not in	stitution, give s	treet end number)		1	b. CITY, TOW	OR LOCATION OF				TY OF DEA	
10500 ROCKV	ILLE H	PIKE #14	22		ROCKV	ILLE				GOMER	
RESIDENCE OF DEC	EDENT								1101(1	ОСПЕ	(1
	10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION				10	Dd. INSIDE CITY LIMITS?
MARYLAND	MONTO	GOMERY		ROCK	CVILLE					1	X YES 2 NO
. STREET AND NUMBER					1	IOF. ZIP CODE			10g. CITt	ZEN OF WHA	AT COUNTRY?
10500 ROCKV	ILLE H					20852			U.	S.A.	
1. MARITAL STATUS Never Merried 2	00-1-4	12. WAS DECEDENT FORCES? 1	YES 2 TO	RMED	13. WAS D	ECENDENT OF HISPA	ANIC ORIGIN	1? (Specify Yee	or No-	14. RACE -	- American Indian, Vhite, etc.
Widowed 4 Divo		IF YES, GIVE W	AR OR DATES			S 2X NO Spec		Hican, etc.)		Specify:	
A	EDENT'S EDUC	CATION	1 sec. 10	ECEDENT'S US	1						
(Specify only	highest grade	completed)	(0	Give kind of world. Do NOT use it	rk done during i	nost of working	166	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0- Unknown	-12)	College (1-4 or 5+)		MEMAKE				OWN HO	1E		
FATHER'S NAME (First, Mi	ddle, Lest)					40.000					
GEORGE A.	CHAC	Œ				18. MOTHER'S N		widdle, Maiden : Inknown			
De. INFORMANT'S NAME (7)		,,,		AL BAAR OLD					•		
Joel Oppen			19	888_1 A	th C+~	eet, N.W	Route Numi	objective or Town	State, Zip	Code)	20006
			-								20006
De. METHOD OF DISPOSITI X Burlel 2 Cremetlo Donation 5 Other	n 3 🗆 Remo	oval from State	cemetery cr	AND DATE OF emators or othe CREEK	DISPOSITION (Name of		20c. LOC			
I. SIGNATURE OF FUNERAL		ENSEE	LUUCK	CKEEK		AND ADDRESS OF F	4-3-	-92 WA	SHIN	GTON,	D.C.
) ,	1 1 10	Λ		JOSEI	PH GAWLER	S SC	NS. TI	IC.	N. W	
me	laul	LE. h	elson	~		WISCONSI					0016
equentisity list condition in the condit	ons, liate NG	DUE TO (1) DUE TO (1) DUE TO (1)		A-Q TOUENCE OF):							20 ye nas
esulting in deeth) LAST		1									
ART il. Other significer	nt conditions	s contributing to d	deeth but not	resulting in	the underivi	na csuse alven in	Part I	24s. WAS AN /	umaev	Data wa	ERE AUTOPSY FINDINGS
								PERFORI	MED?	AM CO OF	ARLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
. WAS CASE REFERRED TO	MEDICA: T										
EXAMINER?	MEDICAL	HOSPITAL:	nusiro es	_ 0	THEO:	PLACE OF DEATH (C)					
1 YES 2 NO		t Inpatient 2		DOA 4	☐ Nursing Ho	me 5X Residence					
MANNER OF DEATH	endine.	28e. DATE OF II (Month, Day		26b. TIME C	Y Y	JURY AT	28d. DES	CRIBE HOW IN	JURY OCC	URED	
	rending restigation					YES 2 NO					
	Could not be etermined	28e. PLACE OF building, e	INJURY — At ho tc. (Specify)	ome, ferm, atre	et, fectory, off	ce	26t. LOCA	ATION (Street er or Town, State)	d Number o	or Rural Route	Number,
CERTIFIER 1 CERTI	FYING PHYSIC	CIAN: To the best of m	ny knowledge, de	onth occurred a	at the time, dat	e end place, end due	e to the cau	se(e) end menr	or se state	d.	
one) 2 MEDIC	AL EXAMINER	R: On the basis of exa	mination end/or	Investigation, I	in my opinion,	death occured at the	time, date	and place, end	due to the	cause(s) en	d menner es stated.
b. SIGNATURE AND TITLE		01				29c. LICENSE NU					
1/sher	YV	Cha.	sir	mI	١.	D-1/2/	717/7			PL 31	onth, Day, Year)
NAME AND ADDRESS OF	PERSON WHO			1	,	13/	111		-JA		1
OBERT CHOIS											240
DATE FILED (Month, Day, Y		тш. <u>Э</u>	SU WISC	CONSIN	AVE.,	CHEVY CH	HASE,	MD. 2	0815	(30)	1)656-881
FFR 5 '97		fresa David	land loan	0.00							
1111 / 34	-	/1	Traffic W papers								



page 5 should be detached for use as the notified at ours after death. Page 6 may be retained by pe by the funeral director, removal. examiner medicai filled in by 1 6 the attending physician and completely fille Mental Hygiene prior to bunial, cremation, the OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, other traumatic 6 injury, been signed by the pt. of Health and I shows any Dept. . this certificate has with the State D Hem 6 marked, After FUNERAL DIRECTOR: A within 72 hours after de KTANT: If Item 28 is 28 is HOSPITAL IMPORTANT: 를 를 뿓

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

must

1. DECEDENT'S NAME (First, Mission, Last) 2. DATE OF DEATH 3. TIME OF DEATN Jang Sik Kim 8:30 A. H -0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH Day, 1 N 2 F DAYS HOURS 213-08-7612 YRS. May 6, 1944 Korea 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Silver Spring 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3304 Weeping Willow Place 20906 Korean 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY Specify: Oriental 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 1 - 12ves Siding Installer Colonial Siding Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hyang K. Kim Ko Ye Kang BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Insong Kim 13728 Drake Drive, Rockville, Md. 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 Burial 2 Cremation 3 XIII Seoul, Korea 21. SIGNATURE OF FUNERAL BERVICE LICES 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or reapiratory strest, shock for heart failure. List only one cause on each line. Approximate Interval Between Kemorshage IMMEDIATE CAUSE (Finsi Onset and Death disease or condition resulting in death) MEDICAL CERTIFICATION Sequentially list conditions, TO (OR AS A CONSTQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MILABLE PRIOR TO COMPLETION DE CAUSE 1 - YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 - ER/Outpetient 3 - DOA **EXAMINER?** OTHER: 4 | Nursing Ho 1 YES 2 NO me 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO Investigation 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29a. CERTIFIER
(Check only 1 DE CERTIFYINO PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CENTS 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Ony, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHANAVER 15225 SHADY GROVE RO FFR 11 92 PEGIS PAPSISIGNATURE

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IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a substance of the control of the co	L DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the	ter	The state of the s
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	FOR 1 • STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last	Jeroma	4 2 5		2. DATE OF DEATH DA		a. TIME OF	DEATH 40 AM	
	4. SOCIAL SECURITY NUMBER 124-26-3483			R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5 - 5	ear) Country)			
TOR 1	90. FACILITY NAME (If not institution, give Shady Grove RESIDENCE OF DECEDENT	4		y, town or Location of Di	EATH	nongomery.			
DIRECTOR	10a. STATE 10b. COUN	TGOMERY			10d. INSID LIMITS 1 YES	S?			
ERAL	100. STREET AND NUMBER 12405 FOUNTAIN	DRIVE		10f. ZIP CODE 20871		1	ED STATE		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica 1 YES 2 NO Specifi	n, Puerla Ricen, etc.)	or Na— 14.	RACE — America Black, White, etc Specify: WHT		
ETED	15. DECEDENT'S EL (Specify only highest gra Elementery/Secondery (0-12)		18e. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired. COMPUTER S	during most of working	18b, KIND OF BUS		******	LE	
E COMPL	17. FATHER'S NAME (First, Middle, Last) WOLF KLOPER UNKNOWN								
TO B	190. INFORMANT'S NAME (Type/Print) LYNDA KLOPER	(WIFE)		98 (Street and Number or Rural UB HOUSE ROA)				879	
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Re 4 Donation Other (Specify)	moval from tate RE	PLACE OF DISPOSITION (I other place) STHAVEN MEM	deme of cometery, crometory or ORIAL GARDEN			or Town, State , MARYL	AND	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE L		ANZANSKY-GOL 170 ROCKVILL					
	23. PART i Enter the disease, o shock, or hear feilure IMMEDIATE CAUSE (Fine disease or condition resulting in deeth)	a. List only one cause on a	the daeth. Do not ante				t, App Intar Ons	roximate rval Between et and Death	
TION	Sequentielly liet conditions, if any, leading to immediate	b. DUE TO (OR AS A	CONSEQUENCE OF):	mfunda			6	4	
CERTIFICA	causa. Entar UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	C DUE TO (OR AS A	CONSEQUENCE OF):						
MEDICAL CE	PART II. Other eignificent conditions of the con		out not reaulting in the o	underlying ceuse given in	Part i. 24a. WAS AN PERFO	RMED?		PRIOR TO ON OF CAUSE ?	
PHYSICIAN: MET	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН						
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigatio	1 Napatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	REO		
TED	3 Suicide 6 Could not 8 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Soe	/ — At home, farm, street, fo	ictory, office	261. LOCATION (Street City or Town, State		Rural Route Numb	DC.	
MPL	cool crity	YSICIAN: To the best of my know						ner as stated.	
O BE CO	29b. SIGNATURE)AND TITLE OF CERTIF	WHO COMPLETED CAUSE OF DE		29c. LICENSE NU			3	y, Ybar)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5225

39. REGISTRAR'S SIGNAT

POHONS

GROVE

FRIEDMAN

31. DATE FILED (Month, Day, Year)
FFR 5 '92

DHMH-16 Rev 1/89

Rockville

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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		C	ERTIF	ICATE (MICH I	REG. NO	_		
1. OECEOENT'S NAME (First, Middle ! ast)						-	MON	E OF DEATH	AV	YEAR	3. TIME OF OEATH
	Jane Laug								1, 19	92	11:00 PM M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las 74		IF UNDER 1 YE	AR IF UNDE	R 24 HRS.		E OF BIRTH		8. BIRTH Count	IPLACE (State or Foreign
240-42-5146	1 M 2 XF	74	YRS.				Se	pt.30,	1917		th Carolina
9a. FACILITY NAME (If not Institution, give				9b. CITY, TO	WN OR LOCAT	ION OF O	EATH		9c. COU	INTY OF D	EATH
13812 Parkland	Drive				Rockvi	lle			Mon	tgom	ery
10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OR L	OCATION						ted melos erry
Maryland Mor	tgomery			Rockv							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	- 500-7			ROCKV	101. ZIP COC	VE .			100 017	TEN OF I	1 TES 2 NO
13812 Parkland	Drive				2085						
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	IMEO	13. WAS			NIC ORIGI	IN? (Specify Yes			States
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 (YES 2 X	40	If yes	s, specify Cub YES 2 X NO	an, Maxic	en, Puarto	Rican, atc.)	0 10-	Black	- American Indian, k, White, atc.
15. OECEOENT'S EOU (Specify only highest grad	CATION	18a, OE	CEDENT'S	USUAL OCCU	PATION		16	b. KINO OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	work done during se retired.)	g most of worki	ing					
11		H	Iomem	aker				Own	Home		
17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)		
W. Lenard Geouge					Id	la D.	Ang	glin			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AODRESS (Str	eet and Numbe	or Rural	Route Nun	nber, City or Tow	n, State, Zij	Code)	
Robert L. Buchan	an	7	74 Q	uince	Orchar	d Bl	.vd.	Gaith	ersb	urg,	MD 20878
20a. METHOO OF DISPOSITION 1 ☐ Burial 2X Cremalion 3 ☐ Ran	oval from State	20b, PLACE	AND DATE O	DE DISPOSITION	N /Name of 2	5 /00	DA		CATION -	100	
4 Donation 5 Other (Specify)		Montg	omer	ther place) Y Crem	atoriu	m, I	nc.				aryland
11. SIGNATURE OF FUNERAL SERVICE LI	1	МО	0198	Rob 30	ert A. O West	Pun Mon	cium iphre itgori	y Fune	ral	Home	/Rockville,
shock, or heart fallura. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a		ndi	010°	> cul	Run	-	Diso	220	21	Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	DR AS A CONSEC									
that initiated avents resulting in death) LAST	d.	OR AS A CONSEC	DUENCE OF	ງ :							
PART II. Other aignificant condition	s contributing to d	leath but not n	esulting i	n tha underi	ying cause	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1 🗌 YES 2	₹ NO		COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL											
EXAMINER?	HOSPITAL:	ED/Outpatt		OTHER:	S. PLACE OF O						
27. MANNER OF DEATH	1 Inpetiant 2 I		28b. TIM	4 Nursing I	Home 5 Re	sidenca		of (Specify)	1 11 100 1 T T		
1 Natural 5 Pending Investigation	(Month, Day	Year)	INJI	M 1 (WORK?] NO	28d. DE:	SCRIBE HOW IN	JURY OC	CUREO	
3 Suicide 8 Could not be detarmined	28a. PLACE OF building, st	INJURY — At house. (Specify)	me, tarm, s	treet, factory, o	offica		28f. LOC City	CATION (Street a or Town, State)	nd Number	or Rural R	oute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To line best of m	ry knowledge, das mination and/or is	nth occurre	d st lhe lime, o	data and placa n, death occur	and dua	Io lhe ca	use(a) and man	ner aa stat 1 dua lo Ih	ed. e cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE		į~	n		29c. LICE	NSE NUN					(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE	OF OEATH (ITEM									- NO
31. OATE FILEO (Month, Day, Year)	3280ECIETOLO	S SIGNATION S	321	800	15 Con	251	N	04	e	13	c (booder
FEB 7 '92	guna Da	Hassa-Aga	delle								

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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the hospita	e detached		d once.
e retained by	e 5 should b		notified a
age 6 may b	director, pag		er must be
ifter death. P	the funeral	loval.	cai examin
n Zamours a	ly filled in by	ation, or ren	the medi-
ocuted within	ind complete	burial, crem	atic event,
rificate be ex	g physician a	iene prior to	ther traum
the death ce	the attendin	d Mental Hyg	injury, or o
equires that	en signed by	of Health an	hows any
N: The law r	icate has be	State Dept.	item 23 s
PHYSICIA	his certif	ith the	ed, or
0	ler t	ath w	nark
OR ATTENDING	INECTOR: After t	yurs after death w	em 28 is mark
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attendit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

								92	0	4767
	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEI			MENTA	L HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Elizabeth	Larson.		L	ARSON	2. DATE MONTI	OF DEATH	95	AR	TIME OF OEATN
	534-36-1656	SEX 6. AGE (In yrs. las	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	() (Month	OF BIRTH (1, Day, Year)	7	Country) WA	CE (State or Foreign SHINGTON
DIRECTOR	90. FACILITY NAME (If not institution, give spee Shady Grore A RESIDENCE OF DECEDENT	duentist Ho	5P R	GCK	r LOCATION OF OR	EATN		MON	1	mery.
I L	10a. STATE 10b. COUNTY	GOMERY	10c. CITY, TOW						11.	1. INSIDE CITY LIMITS?
- 1	MD. MONT 100. STREET AND NUMBER	GOMERY	GER	MANT(ZIP CODE		-	10g. CITIZEN		
- CINEUAL		SIDE DR.			2087				.S.	
	11, MARITAL STATUS 1 ☐ Never Merried 2 ☐ Merried 3 ☒️ Widowed 4 ☐ Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 — YES 2 2 1 IF YES, GIVE WAR OR DATES	MED 1		ENOENT OF NISPAI celty Cuban, Mexica 2 NO Specifi	n, Puerto		or No 14.	Specify:	American Indien, hite, atc.
	15. DECEDENT'S EDUCAL (Specify only highest grade co	FION 16a. DE (G (G (G)) College (1-4 or 5 +)	CEDENT'S USUAL ive kind of work do . Do NOT use retire	OCCUPATIOne during mod	N at of working		. KIND OF BUS		TRY	
COMPLE	17. FATNER'S NAME (First, Middle, Leet)	3	OFFICE	MAN	AGER 18. MOTNER'S NA		-		STR	UCTION IN
2	WILLIAM	E. BAUN				AZEI				
	190. INFORMANT'S NAME (Type/Print)	2.00			nd Number or Rural		ber, City or Town	n, State, Zip Co	de)	
	MATTHEW LAR 20a. METHOD OF DISPOSITION 1 Grant Surfer Sur		OF DISPOSITION		ITEM #	10	20c, LO	CATION — City	or Town,	State
	4 Donation 5 Other (Specify)	CHAM	BERS C		TORY 2/		2 R	IVERD	ALE	, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	1 l (1)	00091		W. CHAM					ING, MD.
	IMMEDIATE CAUSE (Final disease Dr condition		IAC		da of dyling, suc $\mathbf{S}\mathbf{T}$					Approximate interval Batween Onset and Daeth
	resulting in death) s.	DUE TO (OR AS A CONSE	QUENCE OF): C	ARDI	OGENIC	S	HOCK			
	Sequentially list conditions, b.	DUE TO (OR AS A CONSE	11		RDIAL I	ME A	DOMIO	AT .		
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE		YUCA	KDIAL 1	NEA	RCTIO	IN		
5	PART II. Other aignificant conditions	contributing to deeth but not	resulting in the	underlying	g ceuse given In	Part i.	24a. WAS AN PERFOR		AW	FRE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION DF CAUSE
MEDICAL							1 🗌 YES 2	ΧNO	Of	DEATH?
יוויוסוסוטוי	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C/	heck only o	ne)			
	1 TYES 2 X NO	HOSPITAL:	_		e 5 Raeldence					
	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	10	PRK? YES 2 NO		SCRIBE NOW I			
בובח	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)				City	CATION (Street or Town, State)			e wumber,
COMPLET	COLOGN OTHY	AN: To the best of my knowledge, de On the basic of examination end/or								nd manner as stated.
2	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			29d. DATE S		orith, Day, Year)
2	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	EM 27) (Time Print)			, 1	^		.,,,	- 4

296. SIGNATURE AND TITLE OF CERTIFIER SO OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

15225 SHATDY Grove Dawnis

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20 31. DATE FILEO (Month, Day, Year)
FFB 6 '92

Particle of the second .

1 - STATE REGISTRAR		SIAIE UF I	MAKTLANU / CE		ICATE (MENIAL HYGIEN REG. NO			. 00
1. DECEDENT'S NAME (First, A	fiddle, Last)				· ·	J. D.L.		2. DATE OF DEATH			3. TIME OF DEATH
Margaret L	illian	TEES							992	YEAR	07:19 M
4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YE	AR IF UND	ER 24 HRS.	7. DATE OF BIRTH	. , , _	8. BIRTH	IPLACE (State or Foreign
215-60-7529	1	□ M 2 😾 F	55	YRS.	MONTHS DA	WS HOURS	MIN.	(Month, Day, Year) Sept. 21,	1936	End	y gland
9a. FACILITY NAME (If not insti	tution, give atree	et and number)			96. CITY, TO	WN OR LOCA	TION OF D		-	NTY OF E	
Shady Crovo	Advont	tiot Ho	andtal		D = = 1-						
Shady Grove	DENT	LIST HO	spital		KOCK	ville			Mon	tgom	ery
10a. STATE	Ob. COUNTY			10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?
Maryland	Montgo	mery		Gai	thers	ourg					1 TES 2 NO
10e. STREET AND NUMBER				-	20170	101. ZIP CO	DE		10g. CIT	IZEN OF	WHAT COUNTRY?
18804 Jade	Or.					2087	79		Eng	land	
11. MARITAL STATUS		2. WAS DECEDEN	T EVER IN U.S. ARI	MED				NIC ORIGIN? (Specify Ye	e or No-	14. RAC	E — American Indian, k, White, etc.
1 Never Married 2 X M 3 Widowed 4 Divorce			YES 2 NAR OR DATES	10		YES 2 X N		an, Puerto Rican, etc.) ly:		Spec	
	DENT'S EDUCAT				USUAL OCCU			16b. KIND OF BU	SINESS/IN	DUSTRY	WHILE
(Specify only in Elementary/Secondary (0-1	nighest grade co	mpleted) College (1-4 or 5	life	ve kind of a Do NOT us	work done durir se retired.)	ng most of wor	king				
Elementary Secondary (6-1	-	2		inis	trativ	e Acci	etan	t Montgo	merv	Co11	909
17. FATHER'S NAME (First, Mid	dle, Last)		1-14111.					AME (First, Middle, Maider		0011	
Harry Hummer						Cor	nia	Raggett	371 177		
19a. INFORMANT'S NAME (Typ			101	. MAILING	ADDRESS (S)			Raggett Route Number, City or Tov	vn. State 7	p Code1	
Ronald S. Le						_	warner	any or to	, June 61		
20a. METHOD OF DISPOSITIO				same	E OF DISPOSI	_	_	DATE 20c, LC	CATION -	City or Ti	own. State
1 Donation 5 Other	3 Remove	al from State	of cemetary.	cremator	or other place	omata	w	2/6/92 Ale			17d d d
21. SIGNATURE OF FUNERAL	-	YGEE	_ Heero	POII	22. NA	ME AND ADDE	ESS OF F	ACILITY	xandi	ld,	virginia
	> 1	20			De	Vol Fi	inera	1 Home			
7.0	. Ja	4	MO(0896	10	E. Dee	r Pa	rk Dr. Gai	ther	sbur	g, MD 20877
Sequentielly list condition if any, leeding to immedicause. Enter UNDERLYIM CAUSE (Disease or injurithet initiated events resulting in death) LAST	inte IG c.	Centra Due to Mity	(OR AS A CONSET	VOUS QUENCE O	5 ys	0 E	Noc	ge ardia sus with	Vas	culi	ts
					J			78.			
PART II. Other significen	conditions	Acres 18	1		/		- 0	PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Bilateral	ewer	1 0 0	mity De		Chous	Inro	mbo	SAS 1 YES	2 🗌 NO		OF DEATH?
on Antico	agula	ton, I	vocard	10	(Meu	ral, L	una				1 YES 2 NO
Brain) Di	Yated	1 Sche	mic Co	ard	iomu	opat	-hi7				,
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	. /			28. PLACE OF	DEATA (C	theck only one)			
1 YES 2 NO			ER/Outpatient 3	□ DOA	OTHER:	Home 6 🗆	Rasidence	6 Other (Specify)			
27. MANNER OF DEATH	and an	26a. DATE O (Month,	F INJURY Day, Year)	26b. TIR	JURY	c. INJURY AT WORK?		28d. DEŞCRIBE HOW	INJURY O	CCURED	
1 Accident 5 P	ending rvestigation				М	YES 2	□ NO				
	ould not be etermined		OF INJURY — At ho i, etc. (Specify)	me, farm,	street, factory	, office		26f. LOCATION (Street City or Town, State		er or Rural	Route Number,
one) 2 MEDIC	EXAMINER:					ion, death oc	cured at th		and due to	the cause	(a) and manner as stated.
296. SIGNATURE AND TITLE	1. H.	completed	KLD USE DE DE ATH OTE	A ₀	Print)	190 L	CENSE NU	2472	29d. DA	2 -	5 - 92
PETER A.	HOL	T M.D	. 56	01	Lock	Rav	en	Blvd. E	Balt	0/	nd 21239
FFR-6 92	24.	Julia	AR'S SIGNATURE	Andall	2						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

FUNERAL DIRECTOR

TO BE COMPLETED BY

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First	Middle, Lest)	j	01							M	ATE OF DE	ATH DAY		YEAR	3. TIME	OF DEATH	
4. SOCIAL SECURITY NUMBER	ED.	5. SEX	ec	n vrs. lest birthdev	A	NOCE A 117		at laws.	04 1000		DOL DIE	05	9	0	(D) 405	State or Form	M
212-96-1621		1 ☐ M 2 ∑ F	6. AGE (A	n yrs. lest birthday YRS.	MONT	THE DAY	_	HOURS	MIN.	(A	ATE OF BIR Sonth, Day,)	(bar)	914	8. BIRTH	ry)	state or Fore	ign
9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY									NTY OF D			\neg					
Shady Grove Hospital Rockville Mont								lont	gome	ry							
10e. STATE	10b. COUNTY	,	-	10c. C	ITY, TO	WN OR LO	CATIO)N							10d. INS	SIDE CITY	$\neg \neg$
Maryland Montgomery Gaithersburg											LIA	AITS? ES 2 N	0				
10e. STREET AND NUMBER							10f. Z	ZIP CODE					10g. CIT	IZEN OF V	WHAT CO	UNTRY?	
17060 Kin	g Jame	s Way	#40	1				208	77				Pern	naner	nt Re	eside	nt
IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Spi								Spec		ricen Indien	,						
15. DEC	EDENT'S EDU			16a. DECEDENT							16b. KIND	OF BUS	INESS/IN)I TEI	ILai	\dashv
(Specify onl	ly highest grade 0-12)	College (1-4 or 5	E)	(Give kind o	f work d	ione during red.)	most	of working	g								
1-12	/			Home	mak	er											
17. FATHER'S NAME (First, M	fiddle, Last)							16. MOTI	IER'S NA	ME (FI	irst, Middle, i	Maiden S	Surnama)				
	Ik Lee								Chi	ın	Eun K	im					
19e. INFORMANT'S NAME (Number, City				,		
Mrs. Diana Y	. Kang			8016	Ab	erde	en	Roc	d,	Bet	hesda	1, M	1d.	208-1-	+	1	0651
20e. METHOD OF DISPOSIT 1	on 3 🗓 Rem	oval from State	20b.	other place)	OSITIO	N (Name of	f ceme	etery, cren	natory or		1			Kore			
21. SIGNATURE OF FUNERA	N. SENOIDE LI	hosts II				Hin	es/	Rin	aldi	L F	unera	1 H	ome	11	Con	209	04
23. PART I. Enter the d	NY	paine									hire				Spr	Ma.	
IMMEDIATE CAUSE (Fidusese or condition resulting in death) Sequentielly list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injit that initiated events	tions, odiate ring	b DUE TO	(OR AS A	tion	OF):	Ma	100	9		7	my 2 °	st				iterval Bei	
PART II. Other aignification		es contributing to	death b	ut not resultin	g in th	vie underl	u	8	dis	100		WAS AN PERFOR	1	241	COMPLI OF DEA	UTOPSY FIN BLE PRIOR T ETION OF CA TH?	USE
25. WAS CASE REFERRED 1	TO MEDICAL	T				21	E DI A	CE OF C	EATH /C	heak as	nhi onni						
EXAMINER?		HOSPITAL:	T grade of	miam a Vac-		HER:			EATH (C/			- 64 1)					
27. MANNER OF DEATH		1 Inpatient 2			IME OF	-	Home INJU		esidence		Other (Spec		NJURY O	CCUREO		· · ·	
1 Netural 5	Pending	(Month, I			NJURY	3. 711	WOR] NO								
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	26e. PLACE (building	OF INJURY , etc. (Spec	— At home, farm	n, street	t, factory,	office			2 8 f.	LOCATION City or Town		nd Numbe	er or Rural	Route Nu	mber,	
CONDON DAILY	THE PART OF THE RESERVE	ICIAN: To the beat of													(a) and m	enner aa st	Hed.
29b. SIGNATURE AND JHT	E OF CERTIFIE	R .	1	-	_		_	29c, LIC	ENSE NU	MBFP			29d D4	TE SIGNE	D (Month	Day Year)	
	5									- A	2 /	- 1		Tal	/ Z	10	797
30. NAME AND ADDRESS C	OF PERSON W	O COMPLETED CAL	SE OF DE	ATH (ITEM 27) (7	70a Prin	1)		1)	13	26	4/			7-66	ں سے	1	12
Bo	0	15.	K	114	rprop Fraffi	8	72	2/	56	ac	en)	12,	OV.	00	- 2	air	1
31. DATE FILED (Month, Day,	1997 1997	J. WEGIST	AR'S EIGH	AT NO HOUSE	-			,			1		-7/2		Ma	1208	17

March Land

direct		
funeral		
by the	emoval.	
After this certificate has been signed by the attending physician and completely filled in by the funeral directs	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
and compl	burial, cre	
physician	ne prior to	
e attending	lental Hygie	
by th	and M	
Signed	Health	
peeu	of. of	
seu :	e Det	
certificate	the State	
this	with	
After	death	

							9	2 04770
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH AI	ND MENT	AL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	er e		udsey		E OF DEATH	AY — (YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-54-1989	1 X M 2 D F	(In yrs. last birthday) 48 YRS.	F UNDER 1 YEAR IF UNDER 24 II MONTHS DAYS HOURS M	IIN. (Moi	E OF BIRTH	1	8. BIRTHPLACE (State or Foreign Country) Dist. of Col.
OR	Washington Advent	tist Hospita	1	96. CITY, TOWN OR LOCATION OF Takoma Park		. 23,	9c. COUNT	ty of DEATH ty of DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
FUNERAL D	D. C. 100. STREET AND NUMBER 3700 Hayes Str	reet, N. E.	Wa	shington 101. ZIP CODE 20	019			1 V YES 2 NO EN OF WHAT COUNTRY? U. S. A.
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	13. WAS DECENDENT OF H If yes, specify Cuben, M 1 YES 2 NO	ISPANIC ORIG	IN? (Specify Yes Rican, atc.)		14. RACE — American Indian, Black, White, atc. Specify:
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Give kind of we life. Do NOT use		16	b. KIND OF BUS		STRY
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Jonah Lindsey		Iruc		s NAME (First,	Middle, Maiden		dustry
TO B	190. INFORMANT'S NAME (Type/Print) George Lindsey			ADDRESS (Street and Number or F	Rural Route Nur	mber, City or Town		
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremelion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20	b. PLACE AND DATE OF	Edisposition (Name of Edisposition)	DA 1/3	TE 20c. LO	CATION — CI	ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIE	CAMPSEE .		R. N. Hot	rton C	o. Mor	ticiar	ton, D. C. ns, Inc.
	23. PART I. Enter the diseases, proshock, prheart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	ad the death. Do not deach line. A CONSEQUENCE OF	t entar the mode of dying,	such as car	rdiec or reepi	retory arres	Interval Betwee
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF)					
ERTIFI	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF)					
MEDICAL	PART II. Other significent condition	s contributing to deeth i	but not reculting in	the underlying couse given	n in Pert I.	24s. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	Check only o	ne)		
	27. MANNER OF DEATH 1. Naturel 5 Pending	1 Inputiont 2 DER/Out 28a. DATE OF INJURY (Month, Day, Year)		OF 28c, INJURY AT		er (Specify) SCRIBE HOW IN	NJURY OCCU	RED
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide delemined	26s. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, str city)	M 1 YES 2 NO	281. LO	CATION (Street a or Town, State)	nd Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE	CIAN: To the best of my know	riedge, daath occurred	at the time, data end pieca, and in my opinion, death occured at	dua to the co	use(s) and man	ner as stated	
B	29b. SIGNATURE AND TITLE OF CERTIFIER		NO	29c. LICENSE				BIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE		18 WS@	nsin	v 400	e T	Land Jan
	FFB 6 '92	37. REGISTRAR'S SIGN	TORE LAZ					· · · · · · · · · · · · · · · · · · ·

of the first and the first

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND		GIENE i. NO.	. 04///
1. DECEDENT'S NAME (First, Middle, La	st)	E L			2. DATE OF DEA	TH	3. TIME OF DEATH
	Myrtle E	. Morrone			номти Februa	ry 5. 1	992 9:08 p
4. SOCIAL SECURITY NUMBER		in yrs. last birthday) II	UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	пн	8. BIRTHPLACE (State or Foreign
311-05-5544	1 M 2 X F 7:		ONTHS DAYS	HOURS MIN.	August	1919	Country)Illinois
9a. FACILITY NAME (If not institution, give	re street and number)	91	b. CITY, TOWN C	OR LOCATION OF I	DEATH		ITTTIOTS
Suburba	n Hospital			Bethes	d a		Montgomone
RESIDENCE OF DECEDENT				Deches	ua		Montgomery
10a. STATE 10b. COU	NTY	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Maryland	Montgomery		R	ckvill	е		1 XXYES 2 NO
10e. STREET AND NUMBER			100	ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
199 Rolli	ns Avenue #334	1		208	52	Un	ited States
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spec	Ify Yea or No-	14. RACE — American Indian.
1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	ecify Cuban, Mexic 2 NO Spec	en, Puerto Rican, at	(C.)	Black, White, atc. Specify:
3 Widowed 4 Divorced					.,.		White
15. DECEDENT'S E (Specify only highest gra	DUCATION ade completed)	18a. DECEDENT'S US (Give kind of work	UAL OCCUPATIO	ON at of weathing	16b. KIND C	F BUSINESS/IND	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)	st or working			
10		Resort	Owner			Reso	rts
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N.	AME (First, Middle, M		
Clarence	Carpenter				Mary F		
19a. INFORMANT'S NAME (Type/Print)	our ponter	19b. MAILING AD	DRESS (Street a	nd Number or Purel	Route Number, City		0-4-1
Nicholas Morro							
204 METHOD OF DISPOSITION							Maryland 20852
1 Burlai 2 Cremation 3 R	imoval from Stata Cem	PLACE AND DATE OF D etery, crematory or other	place) Feb	ruary 8	. 1992		City or Town, Stata
4 ☐ Donation 5 ☐ Other (Specify)		Parklawr	1 Memor	lal Par	2	Rockvil:	le, Maryland
21. SIGNATORE OF PONERAL SERVICE	LICENSEE		Rober Rober	D ADDRESS OF F	nphrev F	uneral I	Home ntgomery Avenue
Nems 8	Kinket	M00335	Rockv	ille, I	nc. 300 i	West Mon	ntgomery Avenue
23. PART I. Enter the diseeses, of	r complications that caused	the deeth. Do not					
ehock, or heart fellur iMMEDIATE CAUSE (Finel diseese or condition reculting in deeth)	a. Tyreves si	ich line.		elar Ac		Toophiatory and	Interval Between Onset end Death
Sequentielly list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	oue to (OR AS A	CONSEQUENCE OF):	adio	ascular	Diseas	2	year
PART II. Other significent conditi	ons contributing to death bu	ut not resulting in t	he underlying	ceuse given in	PE	AS AN AUTOPSY REFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					_		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL							
EXAMINER?	HOSPITAL:	100	Z6. PL	ACE OF DEATH (C)	eck only one)		
1 NES 2 NO	1 Minpatient 2 - ER/Outpe			5 Residence	8 - Other (Specify)	
27. MANNER OF OEATH 1 🔀 Natural 5 🗍 Pending	(Month, Day, Year)	28b. TIME OF		JRY AT	28d. DESCRIBE H	OW INJURY OCC	URED
1 Natural 5 Pending 2 Accident Investigation				ES 2 NO	/		
3 Suicide 8 Could not b	28a. PLACE OF INJURY building, atc. (Specia	A1 home, farm, stree	t, factory, offica		28f. LOCATION (S	treet and Number of	or Rural Route Number,
4 Homicide detarmined	annung, area (apoca	77)			City or Town,	State)	
29a. CERTIFIER 1 CERTIFYING PHY	/SICIAN: To the best of my knowle NER: On the beals of examination	edge, death occurred at	the time, data a	and place, and dua	10 the cause(a) and time, data and place	d manner as state	d, cause(a) end menner sa stated.
296. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUI			
June 81111	1240			7 276	13 hal	290. DATE	NGNED (Month, Day, Year)
20. NAME AND ADDRESS OF PERSON V	YHO COMPLETED CAUSE OF DEA	THE OTHER AT IT		N Y 2 2	ld ma	4	3115
James F. Wils	on Jr. M.D:	11125 Rock	ville Pi	Ke, Ste	103, Ro	Kville	Md. 20852
FFB 7 '92	32. REGISTRAPS SIGNA	And delle		,			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 mi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Deat, of Health and Mental Horiere prior to burial, cremation or removal	IMPORTANT: IL
OR ATTENDING PH	DIRECTOR: After thi	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
INSICIAN: The law	is certificate has	ed, or item 23
requires that the	been signed by the	shows any inj
e death cert	he attending Mental Hydie	jury, or of
ificate be ex	physician a	her traum
ecuted within 2	nd completely burial, crematic	atic event, th
4 nours after	illed in by the	e medical
death. Pag	funeral dia	examiner
e 6 m	ector.	SO W

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND I	MENTAL HYGIEN		2 047	1 6.
	1. DECEOENT'S NAME (First, Middle, Last) NATAUA	MAXI				2. DATE OF DEATH		3. TIME OF OEAT	Н
	4. SOCIAL SECURITY NUMBER 577-64-2732 90. FACILITY NAME (If not institution, give, s.	-1 - M 2 -	86 YRS. W	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year)	55	BIRTHPLACE (State or For Country) Russia	reign
ECTOR	HULY CLOSS HO	SPITAL		SILVER	SPRIA	JG		ONT	
DIR	Maryland 100. STREET AND NUMBER	Montgomery	10c. CITY,		Spring			10d. INSIDE CITY LIMITS? 1 \(\overline{\text{Y}} \) YES 2 \(\overline{\text{U}} \)	
FUNERAL	10119 Brunette				20901		USA	N OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yee, sp	ecity Cuban, Mexicer 2 NO Specify.	IC ORIGIN? (Specify Yes 1, Puerto Ricari, etc.)	or No — 14	Black, White, etc. Specify: White	in,
LEIED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. OECEDENT'S US (Give kind of wor life. Do NOT use i	k dane during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUS		
COMPL	1-12 17. FATHER'S NAME (First, Middle, Last)		Psalmist		· MOTHER'S NA	St. Joh:		Bapt. Russ	iaı
1	Vadim Shchu	itskoy				Von Baum	,		
2	190. INFORMANT'S NAME (Type/Print) Elena Cox				nd Number or Rural A	loute Number, City or Tow	n, State, Zip Co	ode)	
	20s. METHOD OF DISPOSITION 1A Burlel 2 Cremetton 3 Remo	20b	. PLACE AND DATE OF	DISPOSITION (Na.	e Avenue			Md. 2090]	_
	4 Donation 5 Other (Specify)	R	ock Creek	Cemete		+6-1992	Washin	gton, DC	
	Dorug D. C	Than X		Hines/	Rinaldi	житу Funeral Ho	ome	g, Md. 2090	
OFFILIA ICALION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	ı,	PESPI CONSEQUENCE OF): CONSEQUENCE OF):	ST	ROICE			Interval Ba Onset and	
	PART II. Other significant conditions	contributing to death b	ut not resulting in t	the undarlying	ceuse given in F	Part I. 24s. WAS AN. PERFOR 1 TYES 2	MEO?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	AUSE
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PL	ACE OF OEATH (Chec	ck only one)			
	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b. TIME O	F 28c. INJU		Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUR	ED	
	t Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 🗆 Y	ES 2 NO				
2	3 Suicide 8 Could not be determined	building, etc. (Spec	— At home, ferm, streetly)	et, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,	
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK ONLY ONE) 2 MEDICAL EXAMINER	EIAN: To the best of my knowl t: On the beels of examination	edge, death occurred a	it the lime, date on my opinion, de	end place, and due to	o the cause(s) end men	ner es atated.	buse(s) and menner as star	ted
u I	206. SIGNATURE AND TITLE OF CERTIFIER TOWN P-Kan	notat.	mp.		29c. LICENSE NUME D-200	BER		GNED (Month, Day, Year) 4/ 97	
2	TONY P. KAN	COMPLETED CAUSE OF DEA		201			SPRIN	16 MD 209	710
	31. DATE FILED (Month, Day, Year) EFR - 7 1992	JUNA DEMINATES SIGN	Allfalle						

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8	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin 24 fours and	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal	INDOORTANT, M them no to marked on them no at the contract of
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	DO:	Pu	pnu	
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	1 - FOR STATE OF MAI	RYLAND / DEPART	MENT OF H	IEALTH AND I	MENTAL HYGIEN		- 01115
	1. DECEDENT'S NAME (First, Middle, Last) Glee Winter Mi	iller			2. DATE OF DEATH MONTH	MY	YEAR 3. TIME OF DEATH
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 6, 1	925 1	B. BIRTHPLACE (State or Foreign Country) Pennsylvania
DIRECTOR	Suburban Hospital RESIDENCE OF DECEDENT O		Bet	hesda	ATH	l	ntgomery
	Maryland Montgomery 100. STREET AND NUMBER		Potomac	ZIP CODE		100 CITIZE	10d. INSIDE CITY LIMITS? 1 YES 2 NO EN OF WHAT COUNTRY?
FUNERAL	11317 Willowbrook Drive 11. MARITAL STATUS 1 Never Married 2 [X Married FORCES? 1]	YES 2 X NO	13. WAS DEC	20854 ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	Unit	ted States 4. RACE — American Indian, Black, White, atc.
TED BY	3 Wildowed 4 Divorced IF YES, GIVE WAR (15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e, DECEDENT'S I	1 TYES	2 X NO Specify	16b. KIND OF BU	SINESS/INDU	Specify: White
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) 2 17. FATHER'S NAME (First, Middle, Lest)	Iffe. Do NOT use	naker			wn Hon	ne
111	Charles Mohn Win		ADDRESS (Street a	Glee	Everit Oute Number, City or Tow	t	Code)
TO BE	ROY M. Miller 20a. METHOD OF DISPOSITION 1 Buriel 2 A Cremetion 3 Removal from Stata 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF Commetery, cremetery or other	Villowbr DISPOSITION (Na	cook Driv	Potoma	c, Mar	cyland 20854 ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Montgomery M00381 Whincl	Robert Rockvi	A. Pump	hrey Fune:	ral Ho	Maryland me/ tgomery
		AS A CONSEQUENCE OF	arcin	da of dying, such	as cardiac or resp	iratory srree	20850-2805 Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF:	lung				one year
AL	PART II. Other significant conditions contributing to deed	th but not reaulting in	the underlying	cause given in i	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES NO 1 Inpetient 2 ERA		OTHER:	ACE OF DEATH (Che			
ВУ	27. MANNER OF DEATH 28s. DATE OF INJU (Month, Day, Ye) 2 Accident trivestigation	RY 26b. TIME injur	OF 28c. INJU WOF M 1 V	PRY AT RK? ES 2 NO	28d. DEŞCRIBE HOW II		
LETED	4 Homicide datermined bullong, etc. (28f. LOCATION (Street a City or Town, State)		
SE COMPLET	(Check only One) 2 MEDICAL EXAMINER; On the basis of axamin	ation and/or investigation,	in my opinion, de	ath occured at the t	lme, data and place, an	d due to the c	ause(s) and manner as stated.
TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	Gens	D 215	Rd. Rock	> Fe	4.130852
	31. DATE FILED (Month, Day, Year) 32. REGISTRAT'S S 4. Line David	-	Georg	100011	1-0.100	ville 1	Fla. 0002

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as at a state

1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPAI CERTIF	RTMENT OF	HEALTH AND DEATH	MENTA	L HYGIEN			- , ,	, -
1. DECEDENT'S NAME (First, N ELIZABETH	G.	McCLAUGH	IAN		2. DATE MONT FEB		199	YEAR	TIME OF DE	ATH (
4. SOCIAL SECURITY NUMBER 209-18-3515	5. SEX	6. AGE (In yrs. last birthday) 92 YRS.		IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	6	BIRTHPL	ACE (State or ylvan:	
90. FACILITY NAME (If not instit	ution, give street and number) ills Nursing H	omo		OR LOCATION OF D			9c. COUNT	Y OF DEAT	ГН	La
RESIDENCE OF DECE	DENT		Rockv				Mont	gome:	ry	_
Maryland	Montgomery		ry, town or loca Rockville						LIMITS?	
100. STREET AND NUMBER	ia Deiva		10	. ZIP CODE			1.7		T COUNTRY	?
13113 VanDal 11. MARITAL STATUS 1 Never Married 2 Me \$\alpha \text{X Widowed} 4 Divorce	12. WAS DECEDENT FORCES? 1 [EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, sp	20853 ENDENT OF HISPA ecify Cuben, Mexic 2 M NO Speci	en, Puerto	I? (Specify Ye Ricen, atc.)		I. RACE — Black, W Specify:	Americen in thite, etc.	dien,
15. DECED (Specify only in Elementary/Secondary (0-12	ENT'S EDUCATION ghest grade completed)) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life, Do NOT u.	USUAL OCCUPATION work done during more retired.)	ON st of working	16b	. KIND OF BU	SINESS/INOUS	Whit	te	
	2	Home	maker		0	wn hor	ne			
17. FATHER'S NAME (First, Midd				18. MOTHER'S N			Surname)			
Harry R. Gos		19h MAII ING	ADDRESS (Street	Lola K						
Donald C. Mc			Nancock G				n, state, zip co /irginia		117	
20e. METHOD OF DISPOSITION 1 ☐ Buriel 2 🌣 Cremetion	3 Removal from State	20b. PLACE AND DATE	OF DISPOSITION (No	me of	DAT	20c. LO	CATION - CIT	y or Town,	State	
4 Donation 5 Other (Sp 21. SIGNATURE OF FUNERAL S	"	Suburban		D ADDRESS OF F	2-5	Silv	ver Spi	ring	, Mary	/lar
· soll	B. Cl.	M00827	Rapp	Funeral ist Ave.	Serv.	ver Sr	orina.	MD	20910)
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediacause. Enter UNDERLYING	a, out to	TAS A CONSEQUENCE OF	hear	t disea	are				Onset a	nd Dea
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	dconditions contributing to di	R AS A CONSEQUENCE OF	,	ı cause given in	Part I.	24a, WAS AN			RE AUTOPSY	
	Fracture				_	PERFOR		CO OF	AILABLE PRIO MPLETION OF DEATH?	CAUSE
25. WAS CASE REFERRED TO M EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	neck only on	9)				
1 TYES 2 X NO	1 Inpatient 2 E	R/Outpatient 3 DOA JURY 28b. TIM	4X Nursing Hom	5 Residence						
1 Natural 5 Per 2 Accident Inve	(Month, Day		URY WO	ES 2 NO	28d. DES	CRIBE HOW I	NJURY OCCUR	ED		
3 Suicide 6 Cou	28e. PLACE OF I building, etc	NJURY — At home, lerm, a c. (Specify)	street, factory, office		26f. LOCA City o	TION (Street e or Town, State)	and Number or	Rural Route	Number,	
29e. CERTIFIER (Check only one) 2 MEDICAL	ING PHYSICIAN: To the best of m	y knowledge, death occurre	ed at the time, date	end place, end due	to the cau	se(e) and man	ner as stated,	Buse(s) en	d manner ee	stated
29b. SIGNATURE AND TITLE OF		L		29c. LICENSE NUI			29d. DATE S	GNED (Mo	onth, Day, Year	7)
	RSON WHO COMPLETED CAUSE	OF GEATH (ITEM 27) (Type,	Print)	0 18 11.			Feb	5,	1992	
Joel L. Gooz 31. DATE FILED (Month, Day, Year		470	1 Randol	ph Rd #1	05, I	Rockvi	lle, M	1D 2	20852	
EER 6 '9'	guia Dav	SIGNATURA GOOD SE								

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	92
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REGISTRA	MH .		CI	CHILLIA	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S	IAME (First, Middle, Last						2. DATE OF	DEATH	av.	YEAR	3. TIME OF DEATH
1	Desale	a C.		Mace			1	28	-11	92	8:45 A
4. SOCIAL SECUI	RITY NUMBER	5. SEX	6. AGE (In yrs. las		F UNDER 1 YEAR		7. DATE OF (Month, L			8. BIRTH	PLACE (State or Foreig
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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31. DATE FILED (Month, Day, Year)
FFR 10 '92

1. DECEDENT'S NAME (First, Middle, Las	10)		TIFICATE OF		2. DATE	OF DEATH		3. TIME OF DEA
Florence V	7. Man	ion			MONT	н ◆ ruarv	MY 1.0	YEAR
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth	day) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	9, 19	92 3:45 A
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RESIDENCE OF DECEDENT							I MI	ontgomery
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	1. DECEDENT'S NAME (First, Middle, Last)	Ma	OSEPH	n	MAR	TIN			2. DATE O	DE DEATH DA	ž _	9EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 189-18-9797	5. SEX	6. AGE (In	yrs. last birthday) YRS.		DAYS	IF UNDER	MIN.	APRII	Day Year)	.905	PEN	NSYLVANIA
TOR	98. FACILITY NAME (If not institution, give s SHADY GROVE AD RESIDENCE OF DECEDENT		HOSPI	TAL	PB. CITY, 1			ON OF DE	ATH			TGOM	
DIRECTOR	10a. STATE 10b. COUNT	NTGOMERY		10c. CIT	Y, TOWN OR SILV		ON SPR	ING					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	2417 DARROW STR	EET		101. ZIP CODE 20902				U			HAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDER FORCES? IF YES, GIVE	24 NO	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Maxican, 1 YES 2 \(\bar{\text{L}} \) NO Specify:				n, Puarto Rican, atc.)			14. RACE Black Specie	— American Indian, , White, etc. by: WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only higheat grade Elementary/Secondary (0-12) 1 2	CATION completed) College (1-4 or 5		16a. DECEDENT'S (Give kind of life. Do NOT us SALESP)	work done du se retired.)	iring mos		ng		KIND OF BUS			E
BE CO		NTON						HER'S NA LEN	ME (First, M	iddle, Malden	Surname) McAN	DREW	
2	190. INFORMANT'S NAME (Type/Print) ELEANOR E. WILSO	N (DAUGH		2417	DARRO	W S	CREE'	r, s		7	NG,	MARY	LAND 20902
	20a, METHOD OF DISPOSITION 1	10		PLACE OF DISPO other place) EMORIAL	SHRI	NE 1	PARK			FRA	NKLI		NSHIP, PA
	21. SIGNATURE OF FUNERAL SERVICE LIN	ENSES	shel	1									, INC. SP., MD 2090
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SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES, 2 NO	HOSPITAL:	□ ED/Outne	wheel 2 DOA	OTHER	:			neck only one				
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COMPLETED	(orroon orny	ER: On the beat of											a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	fel be	0				29c. LIC	ENSE NU	MBER 069	2	29d. DA	TE SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CA	USE OF OEA	TH (ITEM 27) (Typ)	e, Print)	00	SH	DU	194	04 R	1) /	Scel	ulle 2095
	FEB - 7 1992	fulla 2 DEGISTS	ARS THON	please				/	1				

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunial, cremation or removal.	aumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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LAWRENCE J. MURPHY He. INFORMANTS NAME (Properties) HELEN K. MURPHY (WIFE) 200. MAILING ADDRESS (Street and Number or Rural Route Mumber City or Town. State. 21 Code) 200. METHOD OF DISPOSITION 100. MAILING ADDRESS (Street and Number or Rural Route Mumber City or Town. State. 21 Code) 200. METHOD OF DISPOSITION 100. MAILING ADDRESS (Street and Number or Rural Route Mumber City or Town. State. 21 Code) 200. METHOD OF DISPOSITION (Immed) 100. DATE 200. LOCATION - City or Town 100. DATE 200. LOCATION - City or Town 100. DATE 200. LOCATION - City or Town 100. SPRING 11. SUBMEDIATE CAUSE (Final diseases, br complications that caused the death. DD not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 21. PART II. Enter the diseases, br complications that caused the death. DD not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 22. PART II. Enter the diseases or conditions resulting in death) 23. PART II. Enter the diseases or conditions that caused the death. DD not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 24. DUE TO (OR AS A CONSEQUENCE OF): 25. CAUSE (Disease or Injury that initisted events resulting in death) 26. DUE TO (OR AS A CONSEQUENCE OF): 27. DUE TO (OR AS A CONSEQUENCE OF): 28. DUE TO (OR AS A CONSEQUENCE OF): 29. DUE TO (OR AS A CONSEQUENCE OF): 29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 26. DUE TO (OR AS A CONSEQUENCE OF): 27. MANUER OF DEATH 28. DATE OF HULLY AND ARREST RESPERSED TO MEDICAL Enter Of HULLY AND ARREST RESPERSED TO MEDICAL Enter Of HULLY AND ARREST RESPERSED TO MEDICAL Enter Of HULLY AND ARREST RESPERSED TO MEDICAL Enter Of HULLY AND ARREST RESPERSED TO MEDICAL Enter Of HULLY AND ARREST RESPECTATION AND ARREST RESPECTATION AND ARREST RESPECTATION AND ARREST RES		iden Surname)	t, Middle, Maiden	NAME (First,	18. MOTHER'S						fiddle, Last)	7. FATHER'S NAME (First, M	3 1
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20a. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION Name of	The state of the s												11
Constitution Control										(WIFE)			-
22. NAME AND ADDRESS OF SACILITY S FUNERAL HOME, 500 UNIVERSITY BLVD., W., SIL. SE 23. PART I. Enter the diseases, or complications that caused the death. DD not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) 3. Autr Ishemic Heart Oisease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF)				DA'	ne of	SITION (Na	ther place	CE AND DATE	cemetery, c	wal from State	on 3 🗆 Remo	Buriel 2 Cremetic	
23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	INC.	NERAL HOME, I	S FUNE	OLLI N	S J. C	RANCI	F.	ll	slill	& Care			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Approximata Interval Between Onset and Daath 30mir.		IMMEDIATE CAUSE (Final										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Cofc. Nome of Lung Obstructive Lung Disease 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	10 YR.	Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting to death) LAST. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
2 Accident Investigation M 1 YES 2 NO	RE AUTOPSY FINDINGS ANLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	S 2 NO DF DE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AN OBSTRUCTIVE Lung Disease 1										TO COL
2 Accident Investigation M 1 YES 2 NO						R;		3 🗆 2004	ER/Outnation	HOSPITAL:	-	EXAMINER?	
		IW INJURY OCCURED		_	RY AT	28c. INJU	E OF URY	28b. TIM	NJURY	Pending	t Natural 5		
	Number,	281. LOC City	t, fectory, office 28f. LO				INJURY — AI hetc. (Specify)	28e. PLACE OF building, e	Could not be	3 Sulcide 8			
3 Suicide 8 Could not be determined 25. PLACE OF INJURY All home, farm, streat, fectory, office 26. LOCATION (Street and Number or Rural Rou City or Town, State) 29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as attated. 20c. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as attated.	d menner es stated.	menner es stated.	euse(s) end meni	due to the ca	and place, end d	time, date o	d at the	death occurre	ny knowledge, demination end/or	IAN: To the best of r	IFYING PHYSICI	(Check only	
296. SIGNATURE AND TITLE OF CENTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (M.	onth, Day, Year)	296. SIGNATURE AND TITLE DF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month)											

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FRANK 16220 FREDERICK RO #213, A AEGISTAN SEIGNATE 31. DATE FILED (Month, Day, Year)
FFB 10 '92

GAITHERSBURG, MO 20877

Barrier D. March 2011 and

16

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	D MENTAL	HYGIENE
	CERTIFICATE OF DEATH		REG. NO.
1			

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND / I	DEPAR	TMEN ICATI	T OF H	IEALTH DEAT	AND	MENTA	L HYGIEN		lus.	04113
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		.0.127	3. TIME OF DEATH
	ESSIE	GRAVOIS		1	IART]	NEZ			FEB		199	YEAR 32	9:40 P M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest I		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
	439-32-2451	1 D M 2 X F	76	YRS.	WORTHS	DATS	HOUNA	Herry.	Jul	ÿ 28°,1	915		Isiana
œ	9a. FACILITY NAME (If not institution, give a						WN OR LOCATION OF DEATH 9c. COUNTY OF DEA					EATH	
70	10225 Ridgeline	Drive			Ga:	ithe:	rsbui	rg			Mor	ntgor	nery
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
		gomery		Ga:	ithe	rsbu:	rg						LIMITS?
FUNERAL	100. STREET AND NUMBER					101	. ZIP CODE				10g. CITI	ZEN OF V	HAT COUNTRY?
NE	10225 Ridgeline						2087					ced S	States
	1 Never Married 2 Married		YES 2X NO	ED		If yes, sp	ecify Cuba	F HISPAN n, Maxica	NIC ORIGI	N? (Specify Yes Rican, atc.)	or No-	14. RACE Black	— American Indian, , White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			1 TYES	2X NO	Specifi	y.			Speci	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECI	EDENT'S	USUAL O	CCUPATIO	ON st of workin	_	161	. KINO OF BU	SINESS/IND	USTRY	WILCO
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. D	NOT us	se retired.)	during mo	st or worten	y					
MP	12		Но	usev	vife					Own H			
	17. FATHER'S NAME (First, Middle, Last) Robert	Casusia								Middle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	Gravois	405		400000		Edr			Becneo ber, City or Tow			
5	Georgette M. Na	nui					na Number	or Hurai i	Houte Num	ber, City or Tow	n, State, Zip	Code)	
	Georgette M. Naqui Same as #10 20s. METHOD OF DISPOSITION 1 (X) Burliel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Community of Community of Community of Community of Chackbay, LA												
	4 Donation 5 Other (Specify)	oval from Stata	Our Lad	tory or of	Promo	t. Suc	cor C	emete	2 2-	-10 Ch	ackba		
	21. SIGNATURE OF FUNERAL SERVICE LIC				22.	NAME AN	D ADDRES	S OF FA	CILITY			- / / .	
	> withinks	B. Chi	MO	0827	7 9	abb i	-unei	Ter	Serv	ices, ver Sp	P.A.	MD	20910
	23. PART LEnter the diseases, or o	complications that of	aused the deat			the mo	de of dyl	ng, suc	h as cen	diac or reap	ratory arr	eat,	Approximsta
	ahock, or heart failure. IMMEDIATE CAUSE (Final	List only Dne cause	on each line.										Interval Between Onset and Death
	disease or condition resulting in death) a. Cancer of Kidney												
		DUE TO (O	R AS A CONSEOU	ENCE OF	7:								
CERTIFICATION	Sequentially list conditions, Due to (or as a consequence of):												
AT	If any, leading to immediate cause. Enter UNDERLYING	332.10 (0.	N NO N GONGEOU	LIVE OF	,.								
IFI	CAUSE (Disease or Injury that initiated events	OUE TO (O	R AS A CONSEOU	ENCE OF):								
ERI	resulting in death) LAST	d											
- 11	PART II. Other algnificant condition	s Contributing to de	eath but not res	ultina i	n the un	derivino	Callee o	iven in	Part I	24a, WAS AN	ALITOREY	1 000	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	_Alzheimer's dis					outly mig	cadae g		r art i.	PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION DF CAUSE
밀								·-		1 TYES 2	X NO		DF OEATH?
ä									_				1 TES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	ATH (Che	ack only or	e)			
YSI	1 TES 2 X NO	HOSPITAL: 1 Inpatient 2 E	R/Outpatient 3 🗆	DOA	OTHER 4 Nun		5 X Rai	idence	8 🗆 Othe	r (Specify)			
PH	27. MANNER OF DEATH 1 ☑ Natural 5 ☐ Pending	28a. DATE OF IN. (Month, Day.		286. TIME		28c. INJU			28d. DES	CRIBE HOW II	NJURY OCC	URED	
BY	2 Accident Investigation				М		ES 2	NO					
ED	3 Suicide a Could not be 4 Homicide detarmined	building, ato	NJURY — At home :. (Specify)	, farm, s	treet, tect	ory, office			2at. LOC City	ATION (Street a or Town, State)	nd Number	or Rural R	oute Number,
9	29a. CERTIFIER								_	-			
3 Suicide 4 Homicide 4 Homicide 5 Certifyling Physician: To the best of my knowledge, dasth occurred at the time, data and placa, and due to the cause(s) and manner as stated. 288. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 288. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 288. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 288. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 288. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 289. CERTIFIER (Check only or Town, State) 280. CERTIFIER (Check only or Town, State) 281. LOCATION (Street and Number or Rural Route in City or Town, State)													
	29b. SIGNATURE AND TYPLE OF CERTIFIER		sination and/or invi	eatigation	n, in my o	pinion, da	ath occurs	d at the	time, deta	and place, an	d due to the	cause(a)	and manner as stated.
BE	200. SIGNATURE AND THINK OF CERTIFIES	+//	111	1	m(7	29c. LICE						(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	F DEATH STEM S	7 Chance	Print)	/	D3	3686)		Fe	b. 8	, 1992
	Kenneth D. Miller					ים די	n+~~	n	#22	1 Pac	Lu-: 17	0 14	D 20050
	31. OATE FILEO (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	9.	JULLO	IT C	sirel	DT.	#44.	, HUC	KATTT	.e, №	D 20850
	FFR 10 '92	gina Davids	and about										



A. 4 W 12.55

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3. TIME OF DEATH

1:15

8. BIRTHPLACE (State or Foreign

9c. COUNTY OF DEATH

2. DATE OF DEATH

28

01

7. DATE OF BIRTH

Cecil

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

9b. CITY, TOWN OR LOCATION OF DEATH

Maddox

8. AGE (in vrs. lest birthdev)

1 M 2 XF

P.O. BOX 13146, DIVISION OF VITAL RECORDS,

DIRECTOR 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MAnokin 1 TYES 2 NO FUNERAL 10g. CITIZEN OF 10f. ZIP CODE WNAT COUNTRY? 21836 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Maxican, Puerto Rican, alc.) 1 Never Married 2 Married Black IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple College (1-4 or 5+) Aborer 17. FATHER'S NAME (First, Middle, Last) notified at ber BE 2 2 29a METHOD OF DISPOSITION

1 D Burlel 2 Cremation 3 Ren 20c. LOCATION must n by the funeral director, removal. 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE bre medicai filled in by t 23. PART I. Enter the disea ses, or complications that caused the death. Do not enter the mode of dying, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final completely filled rial, cremation, o the diseese or condition resulting in death) traumatic event, lomeelhz has been signed by the attending physician and con Dept, of Health and Mental Hygiene prior to burlal, CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): RI UDI Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST injury, or PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Dnalisis shows any 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem After this certificate death with the State HOSPITAL: OTHER 1 YES 2 NO 1 Inpetient 2 I ER/Outpetient 3 I DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 5 Pending Investigation 1 Metural 1 YES 2 NO BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 COMPLETED FUNERAL DIRECTOR: within 72 hours after o 4 Homicide MPORTANT: If Item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. HOSPITAL 2 MEDICAL EXAMINER: On the besia of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER THE H 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B D02026 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 270/Non Print) Pines Arthes MD 1622A Ocean Berlin, MD 21811 31. DATE FILED (Month 32. REGISTRAR'S SIGNATURE

Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit (that the death certificate be executed within

DHMH-18 Rev 1/89

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of the state of th

1		a.		L
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit tion, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	יייייייייייייייייייייייייייייייייייייי

	REGISTRAR		CERTIF	CATE OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) BABY GIRL MARTIN	(LAUREN /	ALLYSON M	ARTIN)		2. DATE OF	10 92	year 01 18a m		
	4. SOCIAL SECURITY NUMBER N/A	1 🗆 M 2 💢 F	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF 02 09	BIRTH	6. BIRTHPLACE (State or Foreign Country) MARYLAND		
TOR		98. FACILITY NAME (If not institution, give street and number) GREATER BALTIMORE MEDICAL CENT				9c. COUNTY OF DEATH BALTIMORE				
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND CARR			TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 4425 NORTHWOODS	TRAIL		10	H. ZIP CODE	74	EN OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPAN Decity Cuban, Mexical S 2 F NO Specify	n, Puerto Rica	14. RACE — American Indian, Black, Whita, etc. Specify: W			
TED	15. DECEDENT'S EDUC (Specify only highest grade	16a. DECEDENT'S I	nek elana ekuelan en	ON ost of working	18b. Kin	ID OF BUSINESS/INDU	JSTRY			
COMPLETED	Elementary/Secondary (0-12) N/A	Iffe. Do NOT use	retired.)			N/A				
CON	17. FATHER'S NAME (First, Middle, Last)		/			le, Maiden Surname)				
BE	Scott Martin 19a. INFORMANT'S NAME (Type/Print)				Amy Ma					
5	Madeline Martin				nnd Number or Rural R pstead, N		Olty or Town, State, Zip (Code)		
	20a. METHOD OF DISPOSITION 1	oval from State 20b	PLACE AND DATE O	F DISPOSITION (N		20c. LOCATION — C	c. LOCATION — City or Town, State Hampstead, Md. 21074			
	21. SIGNATURE OF FUNERAL SERVICE LIG	Allegad	?	22. NAME A	ND ADDRESS OF FAC	E.	line Fune			
CERTIFICATION	shock, or heert failure. In IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	FULMINANT DUE TO (OR AS A CARDIAC A	SEPSIS CONSEQUENCE OF	SEPSIS CONSEQUENCE OF): EMATURITY (24 WEEKS) CONSEQUENCE OF): REST						
MEDICAL	PART II, Other eignificant conditions	contributing to death b	ut not resulting in	the underlyin	g ceuse given in f		. WAS AN AUTOPSY PERFORMED?	AMILABLE PRIOR TO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)				
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp			e 5 Residence t					
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1	PRK?		E HOW INJURY OCCU			
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— Al nome, farm, sti	eel, factory, offic		281. LOCATION City or Tox	N (Street and Number o wn, State)	r Rural Route Number,		
COMPLETED	2 MEDICAL EXAMINER	EIAN: To the best of my knowl	edge, death occurred and/or investigation	at the time, data in my opinion, d	and place, and due t	to the cause(s)	and manner as stated place, and due to the	I. cause(s) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Man D Home	- mr			29c, LICENSE NUM	BER	29d, DATE	SIGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, F	rrint)						
	31. DATE FILED (Month, Day, Year) FEB 1 2 '92	32. REGISTRAR'S SIGNA	ATURE Davidson-Ran	dell						

K street Regardley and

1	-	STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MA	HYLAND / DEF CERT		ATE OF			MENTA	REG. NO			04102
1. DECEDENT'S NAME (First, Middle, Las	0							OF DEATH			3. TIME OF DEATH
		y A. Mour	_				Feb		AUTOPSY AN VEAR 5, 1992 3. TIME OF DEA 5, 1992 3. SHITHPLACE (State of A 6:55) Syria 9c. COUNTY OF DEATH MONTGOMERY 10d. INSIDE CIT LIMITS? 1 YES 2 1 109. CITIZEN OF WHAT COUNTRY? United States a or No 14. RACE — American Indisect, While, stc. Specify: White SINESS/INDUSTRY OWN HOME Surname) Urad m. State, Zip Code) io 43221 CATION — City or Town, State 11iard, Ohio ral Home/ nc. 7557 Miscons Interval B Onset an Image: Approximate of the conset and interval B Onset and Image: Approximate of the conset		6:55 pm 4
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birtho	-	MOER t YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
273-50-2970	1 M 2 M F	77 YR	IS. MONT	THS DAYS	HOURS	MIN.	Jan	uary	15	Courier	
9a. FACILITY NAME (If not institution, give	street end number)		96.	CITY, TOWN O	R LOCATIO	N OF DE	EATH	1, 17	-	INTY OF D	
. Wilson Health	Care Cente	30		C-	ithe	mah.			١,	Vonto	
RESIDENCE OF DECEDENT	care cente	1,		- 60	LLCHE	LSD	urg		1	Monte	omery
10e. STATE 10b. COUN	TY	10c.	CITY, TO	WN OR LOCATI	ON						10d. INSIDE CITY
Ohio	Franklin			C	lumb	VII.C				_	
10e. STREET AND NUMBER	TTUINTIII				ZIP CODE				100 CIT	TZEN OF W	
2600 -									log. Cit	LEN OF W	THAT COUNTRY?
11. MARITAL STATUS	ublin Road	7/57 11/10 471-52				432	-				
1 Never Married 2 Married 3XXWidowed 4 Divorced	FORCES? 1 [YES 2 XNO		If yes, spe	cify Cuben	, Mexice	n, Puerto	N? (Specify Ye Ricen, etc.)	a or No—	Black	, White, stc. ly:
15. DECEDENT'S ED		16a. DECEDEN	NT'S USUA	AL OCCUPATIO	N		168	. KIND OF BU	SINESS/IN	DUSTRY	MILLE
(Specify only highest grade) Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	d of work d OT use retin	ione during mos red.)	t of working	7					
8	Conege (I-4 or 5 +)	-	Hom	nemaker					O 1	II a m a	
17. FATHER'S NAME (First, Middle, Last)			HOM	lemaket		5000 114				nome	
	TICK TO				io, mOTH	en 3 NA			-		
Jur 19a. INFORMANT'S NAME (Type/Print)	ius Ade					_		ira Mo			
THE. INFORMANT'S NAME (Type/Print)									n, State, Zij	Code)	
George Mour	ad	36	80 D	ublin	Road	Col	umbu	s, Oh	io 43	3221	
20e. METHOD OF DISPOSITION 1X Burlel 2 □ Cremetion 3 □ Re	moval from State	20b. PLACE AND DA cemetery, crematory	TE OF DIS	POSITION (Nan	ne of	0	1 QQ	E 20c. LO	CATION -	City or Tox	wn, State
4 Donetion 5 Other (Specify)		Wesley	Chap	el Cem	eter	v,	133.	Hi Hi	llia	rd. C	hio
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE //			22. NAME ANI	ADDRES	S OF FA	CILITY				
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23. PART I. Enter the disesses, or	complications that a	M0033) [Avenue	вет	nesc	a. I	Marvia	na /	1814	
shock, or heart failure	List only one ceuse	on each line.	Jo not er	nter the mod	le of dylr	ng, suc	h as can	diac or reepi	ratory an	reet,	Approximata Interval Between
IMMEDIATE CAUSE (Final											Onset and Death
resulting in death)	. (000	A A CONSEQUENCE	Th	MA	120	51	<				mouth
	DUE TO (OF	AS A CONSEQUENC	E OF):	OTT			-				11110110
	· Core	ebral	Ar	teri	05	10	2000	1			Zyence
Sequentially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSEQUENCE	E OF	1611	·			1.7			100117
cause. Enter UNDERLYING											
CAUSE (Disease or Injury that initiated events	DUE TO (OF	AS A CONSEQUENCE	E OF):								-
resulting in death) LAST											
	u,										-
PART II. Other significant condition		sth but not resulting	ng in the	underlying	ceuse gi	ven In	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
Hypertensio	n. Dial	zetes m.									AWAILABLE PRIOR TO COMPLETION OF CAUSE
OV								1 123 2	No		
							-				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				00.01.0	05 05 05	ATIL (0)					
EXAMINER?	HOSPITAL:	41-411122	QTE	HER:	CE OF DE	ATH (Che	ock only or	10)			
27. MANNER OF DEATH	1 Inpetient 2 E			Nursing Home		idence	8 🗌 Othe	r (Specify)			
1 Netural 5 Pending	28e. DATE OF IN. (Month, Day,		TIME OF INJURY	28c. INJU WOR			28d. DES	CRIBE HOW I	NJURY OC	CURED	
2 Accident Investigation			A	M 1 78	S 2 [NO					
3 Suicide 8 Could not be	28e. PLACE OF IN building, etc.	JURY - At home, far. (Specify)	m, street,	factory, offica			28f. LOC	ATION (Street a	and Number	or Rural Ro	oute Number,
4 Homicide determined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Oity	or Town, State)			
290. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	knowledge deeth ass	numed at t	the films state of	Salata i			3.4. III. 4.3.	Autor in the		
		The state of the s	gercrost, 111 /	my opinion, de	min occure	or art tries	time, cate	end place, en	d due to th	ie ceuse(e)	end manner ea stated.
296. SIGNATURE AND TITLE OF CERTIFIE					29c. LICEN	ISE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
TAN	SAM	25	MI		0-	72	31		1	2-6	92
30. NAME AND ADDRESS OF REASON W	HO COMPLETED CAUSE								-		
Lames (R. Mo	oce Ur. 2	07 Broo	Vas	Ave 1	Gai	th	ersb	ura y	no	2	0377
31. DATE FILED (Month, Day, Year)	32. AEGISTRAPS	SIGNATURE	12					9			
FFR 7 '92	7 control	1									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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DIVISION OF VITAL RECORDS, P.O.

be detached for use as the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. once. # funeral director, page 5 should notified pe must examiner signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. medical the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. traumatic other 10 shows any this certificate has been with the State Dept. of I 23 Item marked, or After death 28 Is DIRECTOR: / ltem. FUNERAL WITHIN 72 h Ξ TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 10

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CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Cyrus G. Malmberg 02 09 92 5:55am M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year)
Apr. 2, IF UNDER 1 YEAR IF IMDER 24 HRS 8. BIRTHPLACE (State or Foreign HOURS 216-44-9485 1 🕅 M 2 🗌 F 83 YRS. 1908 South Dakota 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Montgomery General Hospital 01ney Montgomery 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Brookeville 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3300 Gregg Road 20833 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea. apacify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 XXMarried If yea, specify Cuban, Mexican, Puerto Ri 1 YES 2X NO Specify: White BY 3 Widowed 4 Divorced Specify: COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) National Bureau of 1 - 123 years Chemist Standards 17. FATHER'S NAME (First, Middle, Last) te. MOTHER'S NAME (First, Middle, Malden Surname) Carl Gustave Knute Malmberg BE Cecil Irene Butler 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mariorie Malmberg 3300 Gregg Road, Brookeville, Md. 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Fort Lincoln Crematory 2+13-92 Brentwood, Md. 21. SIGNATURE OF UNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 11800 N.H. Ave., 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finei** Onset and Death diseese or condition RESPIRADRY FAILURE
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) 12 hour AREMIA.

OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Money Sequentielly ilst conditions, if any, leading to immediate cause. Enter UNDERLYING WRETERAL UB STRUCTION
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury Mond that initiated eventa resulting in deeth) LAST CARCINOMA JPROSIMIE PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Yinpetiant 2 | ER/Outpetient 3 | DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Rasidence 6 Other (Specify) 27, MANNER OF GEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🔀 Netural 5 Pending м 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 6 Could not be determined 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 🖪 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 007383 MAYLATH, MO. EDMONSTON DA. ROCKUILLE MD. 50 W. FFR 11 92 37. REGIST AR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within surjours after death. Page 6 may	_TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, or	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must i
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FEB 11 '92

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND .	/ DEPAI	RTMEN	T OF I	HEALTH AND	MENT	AL HYGIEN	IE	2 0	4784	
	1. OECEDENT'S NAME (First, Middle, Last)	/	Myers				DEATH	2. DAT	E OF DEATH		YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 111-18-1778	5. SEX 1 M 2 F	6. AGE (In yrs. Ia	est birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HRS HOURS MIN.	(Mo	E OF BIRTH oth, Day, Year) -21-25		8. BIRTHPLA Country)	CE (State or Foreign	
OR	90. FACILITY NAME (If not institution, give s Baltimore Count		1				or Location of		21-27	9c. COUN	New York sc. COUNTY OF DEATN Baltimore		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION							I. INSIDE CITY LIMITS?	
	New York Quee] St.	. AI		f. ZIP CODE			1 ☑ YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?			
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	3XXWIdowed 4 Olvorced 15. DECEOENT'S EOU (Specify only highest grade	ECEDENT'S Give kind of a. Do NOT u	work done	OCCUPATION			b. KIND OF BU	SINESS/IND	Black	ζ			
COMPLETED	Elementary/Secondery (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+	,	ispat					ew Yor		nsit		
BE	Chester J. Myers	No. BEAR INC	ADODE	20 /0	Rosale	AOTNER'S NAME (First, Middle, Meiden Surname) OSalee Bastard There or Rural Route Number, City or Town, State, Zip Code)							
10	Chester J. Myers On METNOD OF DISPOSITION On METNOD OF DISPOSITION Commetted 2 Cremetton 3 Remove		20b. PLACE	11-10	027 S	Sara	nac Rd.	W.		ead,	N.Y.		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		Nass	au Kr	ther place,	S NAME AI		2/13 FACILITY	/92 P	ort W	ashing	gton, NY	
	23. PART I. Enter the diseases, or cashock, or heart failure. I	Georgi	a Av	e. NW.	Wash	. DC	20012 Approximata						
	IMMEDIATE CAUSE (Final		Atheroscierofic Cardiovascular D							seage	Interval Between Onset and Death		
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MEDICAL CE	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 🛣 NO										AWAI COM OF I	NE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?	
PHYSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outration 1		OTHE	R:	ACE OF OEATN (C					YES 2 NO	
ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF I (Month, De)	NJURY	28b. TIM	_	28c. INJ WO			Other (Specify) DESCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be determined	28a. PLACE OF building, a	INJURY At he rtc. (Specify)	ome, farm, s	street, fec	tory, offic		281. LO	CATION (Street or Town, State)	and Number o	or Rural Route	Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	CIAN: To the best of n										manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (A 296. DATE SI									SIGNED (Mon	th, Day, Year)		

32 AGGISTANT SSIGNATURE COMPANY

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		-05-0847	5. SEX		yrs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(1	ATE OF BIRTH Worth, Day, Year) C. 19, 19(8. BIRTHPLACE (State or I
~		ITY NAME (If not institution, g	live street end number)			96. CITY,	TOWN	OR LOCATION OF D		5.19,190	7	ASHINGTON,
DIRECTOR	HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY											
IRE	10e. STATI			10c. CITY, TOWN OR LOCATION							10d. INSIDE CIT	
7	MARY 100. STRE	EET AND NUMBER	NTGOMERY	GOMERY SILVER SPRING							1 TYES 2 EN OF WHAT COUNTRY?	
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4	Elemen	ntary/Secondary (0-12)	College (1-4 or 5	5+)	ACCOUN			PEPCO		IITI	TTV C	OMPANY
COM	17. FATHER	R'S NAME (First, Middle, Last))		HOOOGN	IANI				rst, Middle, Melden		OHFANI
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5		EN L. McKAIN	WIF	E)				AD STLV				AND 20901
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	4 Donation 6 Other (Specify) GATE OF HEAVEN CEMETERY 2/12 SILVER SPRING, MARYL,											
	22. NAME AND AGORESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.											
	23. PANI	Vinotu	1 0100							TIO TOTAL		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PIO	irst, Middle, Lest)	P	1	Mar	2400	2. DATE OF DEATH DO	AY Y	EAR STIME OF DESTINA	
4. SOCIAL SECURITY NU	MBER	S. SEX E. A	IGE (In yes, last bests		FEAR IF UNDER 24 HRS.	Z. DATE OF BIRTH	8-9:	BIRTHIPLACE (State or Foreign	
N/A	-17	1 (X × 2 □ F	78 YR	IS. WONTHS	DAYS HOURS MIN.	JAN. 25, 1	Charles 197	FRANCE	
Se. FACILITY NAME OF NO	and the same of th			Pencil and a second	TOWN OR LOCATION OF D	REATH	96. COUNTY	OF DEATH	
HOLY C		HOSPITAL		SILV	ER SPRING		MONTGOMERY		
MARYLAND	MONT	TGOMERY	10c.	ROCK	VILLE		10d		
10e. STREET AND NUMBER	A comment of the comment of	TOTE			101. ZIP CODE		10g. CITIZEN OF WHAT C		
13104 HALL	ET COU	1000		208				LANCE	
1 Hever Married 2 5	Married Syurced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR OF	ES 2 A NO	- III y	AS DECENDENT OF HISPA PRS, specify Cutten, Mexico VES 2 NO Speci	an, Puerto Rican, etc.)	or No 14.	A. RACE — American Indian, Black, White, etc. Specify: WHITE	
15. Di (Specify o	ECEDENT'S EDU	JCATION e completed)	16a. DECEDEN	T'S USUAL OCC	UPATION ring most of working	16b. KIND OF BUS	SINESS/INDUS	TRY	
Elementary/Secondary		College (1-4 or 5+)	IIIe. Do NO	OT use retired.)					
17. FATHER'S NAME (First,	Middle, Last)		CHIEF	ACCOUN		FRENCH		SY	
LEON		MAGNAN			MARIE	THERESE		EVIEILLE	
19s. INFORMANT'S NAME			19b. MAIL	LING ADDRESS (S	Street and Number or Rural				
BERNADETTI	E MONA	ACELLI (DAUG	GHTER) 12	2618 EP	PING ROAD,	SILVER SPR	RING, N	D 20906	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	HE TO SUIT OF	CERTIF	ICATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			ALCO	241	2. DATE OF	DEATH		492	3. TIME OF DEATH	
	GEORGE	LE	LE NELSON			FEB 2			854 A M		
	4. SOCIAL SECURITY NUMBER 217-01-4609	5. SEX 6. AGE (In yrs. 1 🔀 M 2 🗆 F 81	. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF (Month, D. Sept.	ev. Year)	1910	Country	PLACE (State or Foreign aryland	
R	9a. FACILITY NAME (If not institution, give st PENINSULA GENER			OR LOCATION OF D			9c. COUN	ITY OF DE	EATH		
5	RESIDENCE OF DECEDENT			SE	ALISBURY				WICO	MICO	
FUNERAL DIRECTOR	Maryland Wic	comico	10c. CITY	Salisbu						10d, INSIDE CITY LIMITS? 11 YES 2 NO	
뒿	10e. STREET AND NUMBER	72.5			, ZIP CODE			10a CITI	ZEN OF W	HAT COUNTRY?	
NER.	900 Sumac Circle				21801				U.S	.A.	
B₹	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYPES 2 [IF YES, GIVE WAR OR DATES W. W. II Army	□ NO	It yes, sp	ecify Cuban, Maxica 2 X NO Specific	en, Puerto Rice	pecify Year n, atc.)	or No—	14. RACE Black Specify		
E	15. DECEDENT'S EDUC	CATION 188	DECEDENT'S	USUAL OCCUPATION	ON	16b, KII	ND OF BUSI	NESS/INO	USTRY	White	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	vork done during mo e retired.)	st of working						
ME	Grade 9 -	Non	e (Dis	sabled A	merican '			W. W	. II		
	John William Nelso	on			Addie			umame)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	AODRESS (Street a	and Number or Rural			Chata Zin	Codel		
5	Marie J. Nelson (W	Wife)			,b,c,d,e		July Or IOWII,	State, Zip	Cooe)		
	20s. METHOD OF DISPOSITION 1 ↑ Burlal 2 □ Cremation 3 □ Ramo 4 □ Donation 5 □ Other (Specify)	20b. PLAC cemetery,	CE AND DATE O	F DISPOSITION (Na her place)	ne of 1 Park-2	OATE		ATION — C	*		
	21. SIGNATURE OF TUNERAL SERVICE LICE	JSunn	rrage		I Park-2		_ Cri	isfie	eld,	MD	
	Robert H. Br	radshaw, or.	_	Brads	naw & Son Main St	ns Fun				21017	
CERTIFICATION	23. PART I. Enter the disease, or concluded the conclusion of the	DUE TO (OR AS A CONS	SEQUENCE OF	unmilis immilis in milis						Approximate Intervel Between Onset and Death	
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions	a contributing to death but no		n tha undarlying	g cause given in		n. WAS AN AI PERFORM YES 2	RED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
¥ I	25. WAS CASE REFERRED TO MEDICAL			26 04	ACE OF BEATH OR						
Sic	EXAMINER?	HOSPITAL: 1 Pinpatient 2 ER/Outpatient		OTHER:	ACE OF DEATH (Ch		2007				
Ä	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME		5 Residence	a Li Other (Sp 28d. DESCRI		ILIBY OCC	IDED		
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK?	Eoo. DEGOM	JE HOW ING	JOHN OCC	ONED		
	3 Suicide a Could not be 4 Homicide determined	28a. PLACE OF INJURY — At building, etc. (Specify)	home, tarm, si	me, tarm, street, tactory, offica			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge, R: On the basis of examination and/	death occurre	d at the time, data	and place, and due	to the cause(s) and mann place, and	er sa state	d.	and manner as stated,	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER WHO CONTROL OF CERTIFIER 30. NAME AND AGORESS OF PERSON WHO	unid, MD.			29c. UCENSE NUI					Month, Day, Year)	
	100 POWE	R ST. SAL	ISBU		nd. 2:	1801					
	31. DATE FILEO (Month, Day, Year) 92	32. REGISTRAR'S SIGNATURE	· Port	AL.							



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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CLAUDE L	Middle, Last)						DEA		REG.		_		
		FFTTT							2. DATE OF DEATH MONTH Feb.	DAY	992	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Ia:	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE OF BIRTH			IPLACE (State or Foreign	
577-09-7960		1 🔀 M 2 🗌 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	Apr. 17	1902	Countr	w eorgia	
9a. FACILITY NAME (If not inst					9b. CITY,	TOWN (OR LOCATION	ON OF DE	ATH		JNTY OF D		
9509 Thornh		ad			S	ilv	er S	orin	g		Montg	gomery	
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCAT	TION					10d, INSIDE CITY	
Maryland	Maryland Montgon				S	ilv.	er S	oring	2		LIMITS?		
10e. STREET AND NUMBER							. ZIP CODI	CODE 10g. CIT			TIZEN OF W	HAT COUNTRY?	
950 9 Thorn	nhill	Road					20901			US		A	
11. MARITAL STATUS 1 Never Merried 2 X N		12. WAS DECEDEN	T EVER IN U.S. AF	MED	13. W	13. WAS DECENDENT OF HISPANIC			IC ORIGIN? (Specify	Yes or No-	14. RACE	- American Indian, , Whita, etc.	
3 Widowed 4 Divorce		IF YES, GIVE V	MAR OR DATES			If yes, specify Cuban, Maxican, Pt 1 YES 2 NO Specify:				Puerto Hican, etc.)		Specify: White	
15. DECE	DENT'S EDUCA	ATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF	BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-1	highest grade o	College (1-4 or 5	(G life	ive kind of v Do NOT us	vark done di se retired.)	uring mo	st of workin	g					
1-12		3 yrs	5	Proje	ectio	nis	t		Upt	own T	heate	er	
17. FATHER'S NAME (First, Mid							18. MOTH	IER'S NAI	ME (First, Middle, Maid	den Sumame)			
		am Profi							ice Maddo				
19a. INFORMANT'S NAME (Typ		- 66	19						loute Number, City or				
Louise		OIIIEE						Rd.	Silver Sp			20901	
1 X Buriel 2 □ Cremation 4 □ Donation 5 □ Oute d	3 Amov	wi from State by	20b. PLACE	matory or of	of OISPOSIT	TION (Ne	me of		DATE 20c.	LOCATION —	City or To	wn, State	
21. SIGNATURE OF FUNERAL	SERVICE LICE	MISEE /	FOIL	CIH	22. N	Cem	etery O ADDRES	S OF FAC	2+10-9K	Brent	wood,	Md.	
1 × X/h,	1-1	Vint	10.		Hi	nes	/Rina	ldi	Funeral			20904	
22 DADT / Enter the di	IN.	KIROW	a		11	800	New	Ham	shire Av	re., S	il. S	Spr. Md.	
23. PART i. Enter the divesse, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or peer failure. List only one cause on each line.											Approximete Interval Between		
iMMEDIATE CAUSE (Fina disease or condition		0. 4	-0 1 -4									Onset and Death	
reaulting in death)	a.	DUE TO	IOR AS A CONSE	DUENCE OF	-0-01	• 7	P.	ere;	+			2/5/42	
		Q	THE CONTROL CONTROL ACTEST TO JOR AS A CONSEQUENCE OF:							1478			
Sequentially liet condition if any, leading to immediate	iate	DUE TO	OR AS A CONSEC		,-								
Cause, Enter UNDERLYIN CAUSE (Disease or Injury	IG C.	Cood	DUE TO (OR AS A CONSEQUENCE OF):							(27)			
that initiated eventa reaulting in death) LAST			O.Jers						160				
	d.	PC	ar Kings	v .7	ULJe	rx						6971	
PART II. Other aignificant	t conditiona	contributing to	death but not r	eauiting i	n the und	leriying	ceuse g	ivan in I	Part I. 24a. WAS	AN AUTOPSY		WERE AUTOPSY FINDINGS	
									7,75	ORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE	
										-24		OF DEATH?	
									_				
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:					ACE OF DE	ATH (Che	ck only one)				
1 U YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Norsing Home 5 Residence 6 Other (Specify)													
27. MANNER OF DEATH 1 X Natural & Pe		JURY WORK?			28d. DESCRIBE HOW INJURY OCCUREO								
2 Accident Investigation									281. LOCATION (Street and Number or Rural Route Number.				
3 Suicide	etermined	building,	etc. (Specify)	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, 0,,,,,,			City or Town, Ste	er and Number	or Hural Ho	oute Number,	
3 Suicide 8 Cc 4 Homicide de													
4 Homicide de	YING PHYSICIA	AN: To the best of	my knowledge de	oth accurre									
4 Hemicide de	YING PHYSICIAL EXAMINER:	AN: To the best of On the bests of an	my knowledge, da amination and/or i	nth occurre	d at the tim	inion, de	and place,	d at the t	Ime. date and place	end due to th	led.	and manner on stated	
4 Hemicide de	AL EXAMINER:	AN: To the best of On the basis of ax	my knowledge, da amination and/or l	nth occurre	d at the tim	inlon, de	eth occure	d at the t	ime, date and place,	end due to th	ne cause(a)	and manner as stated.	
4 Homicide de 29e. CERTIFIER (Check only one) 2 MEDICA	AL EXAMINER:	AN: To the best of On the beels of an	my knowledge, da: amination and/or i	eth occurre	d at the tim	Inlon, de	29c. LICE	d at the t	ime, date and place,	end due to th	E SIGNEO	(Month, Day, Year)	
4 Homicide de 29e. CERTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE O	OF CERTIFIER PERSON WHO	On the baels of an	amination and/or i	nvestigation	n, in my opi	Inlon, de	29c. LICE	d at the t	ime, date and place, BER 19	29d. DAT	E SIGNEO		
4 Homicide de 29e. CERTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE O	OF CERTIFIER	On the baels of an	amination and/or i	nvestigation	n, in my opi	Inlon, de	29c. LICE	d at the t	ime, date and place,	29d. DAT	E SIGNEO	(Month, Day, Year)	
4 Homicide de 29e. CERTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE O	PERSON WHO	On the beels of an	amination and/or i	1 27) (Type,	n, in my opi	Inlon, de	29c. LICE	d at the t	ime, date and place, BER 19	29d. DAT	E SIGNEO	(Month, Day, Year)	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completing within 72 hours after death with the Crate Dent of Alexaht and Menral Husines price to burds over
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		LLY SUE I	PEDERSO	N					PEB	_ DA	992	YEAR	3. TIME OF DEATH 12:30
	4. SOCIAL SECURITY NUMBER 463-72-7569	5. SEX	6. AGE (In yrs.)	last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HR	(DATE OF E	BIRTH		6. BIRTI	HPLACE (State or Foreigny)
	9e. FACILITY NAME (If not institution, give s	41	40		96. CITY, 1	TOWN (OR LOCATION OF		PK I	4 17		NTY OF D	TEXAS
חואברוטא	NATIONAL NA	VAL MEDIC	CAL CEN	TER			ETHESDA MONTG						
3	104. STATE 106. COUNTY	NONE		10c. CIT	Y, TOWN OR	LOCAT	TION						10d. INSIDE CITY
	DISTRICT OF COLU	MBIA		WA	SHING	-							1 XYES 2 NO
		1. TT T TO				101	I. ZIP CODE	Togs of the Life of					WHAT COUNTRY?
							20336		DIGIN2 (S	- notify Van			ED STATES
	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC OR If yes, specify Cuben, Mexicen, Pus 1 YES 2 NO Specify:						arto Ricar	i, etc.)	or No-	14. RACI Blaci Spec	E — American Indian, ck, White, etc.		
	15. OECEDENT'S EDU	COTION	1										WHITE
	(Specify only highest grade	Completed) College (1-4 or 5 +		OECEDENT'S (Give kind of w life. Do NOT us	vork done du	UPATIO	IN st of working		16b. KIN	D OF BUS	INESS/IND	USTRY	
	Element of the last	2		HOME	MAKER				N	ONE			
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S						
	ROBERT CONRAD S 190. INFORMANT'S NAME (Typos/Print)	ENNING		22 22 24 44 44			BEBE						
	DAVID J. PEDERSO	NT.					nd Number or Ru						20226
	20a METHOD OF DISPOSITION		20b. PLAC	EANDDATED			ER AVEN		OAJE		TUN,		
	1 ABuriel 2 Cremelion 3 Rem 4 Donation 5 Other (Specify)		cemetery, c	crematory or ot	her place)		L CEM		2/6				VIRGINIA
	21 SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	1	22, NA	AME AN	O ADDRESS OF	FACILITY	1			JIV	ATKOTAL
- 10	10 / 1 /	11 / 4 \ /	1 0 /1								D. D.		
	23 PART I. Enter the diseases, or o shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Only one cau	se on aach lir	na.	AL)	EXA ha mod		VIR	GINI cardiac	A 22 or reapir	314	ast,	Interval Betw
	Since, or near feature. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. BREAST OUE TO DUE TO C.	se on aach lir	WITH	META	EXA ha mod	NDRIA, de of dying, s	VIR	GINI cardiac	A 22 or reapir	314	ast,	Interval Betw
	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	s. BREAST OUE TO (CANCER (OR AS A CONSI	EQUENCE OF	META	EXA	NDRIA, da of dying, s	VIR	GINI cardiac ER/E	A 22 or reaptr	314 atory servi		Interval Betwonset and D
	Since, or near feature. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. BREAST OUE TO (CANCER (OR AS A CONSI	EQUENCE OF	META	EXA	NDRIA, da of dying, s	VIR	GINI cardiac ER/E	A 22 or reapir	314 atory services with the se		Interval Betwonset and D
	Since, or near feature. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. BREAST OUE TO (CANCER (OR AS A CONSI	EQUENCE OF	META The second of the second	EXA ha mod	NDRIA, da of dying, s	VIRI	GINI cardiac	A 22 or reaptr SONE	314 atory services with the se		WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
	Since, or near feature. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	s. BREAST OUE TO (b. DUE TO (d. DUE TO (d. B. Contributing to (d. B. Contributing to (d. DUE)	CANCER (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI death but not	EQUENCE OF	META META OTHER: 4 Nursing	EXA ha mod STA	NDRIA, da of dying, a ASIS TO	VIRI	GINI cardiac ER/E	ONE WAS AN A PERFORM YES 2	314 atory services with the se		OF DEATH?
	Since, or near feature. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	s. BREAST OUE TO (b. DUE TO (d. DUE TO (d. B. CONTRIBUTING TO (d. B.	CANCER OR AS A CONSI OR AS A CONSI OR AS A CONSI death but not	EQUENCE OF	META META OTHER: 4 Nursing	EXA ha mod STA STA 28. PL 29. PL WOF Homes WOF	NDRIA, da of dying, s ASIS TO	VIRIUCH as	GINI cardiac ER/E I. 24a. 1 [only one) Other (Spe	ONE WAS AN A PERFORM YES 2	314 alory street	246.	WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
	Since, or near feature. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending	s. BREAST OUE TO (b. DUE TO (c. DUE TO (d. B. Contributing to (Month, Da 28e, PLACE OF	CANCER OR AS A CONSI OR AS A CONSI OR AS A CONSI death but not	EQUENCE OF POUNTS IN THE POUNT	META META OTHER: 4 Nursing	EXA ha mod STA STA 28. PL 29 Homel Word 1 Yes	NDRIA, da of dying, s ASIS TO G causa given ACE OF OEATH (S 5 Residence BRY RES 2 NO	VIRIUCH as LIV	GINI cardiac ER/E	A 22 or reapir SONE WAS AN A PERFORM PERFORM VES 2 (314 alory street	24b.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	BREAST OUE TO (DUE TO (DUE TO (DUE TO (A	CANCER (OR AS A CONSI (OR AS	THEOUENCE OF EQUENCE OF Tresulting in The Indian Control of Indian	META META	EXA ha mod STA STA 26. PL/ g Home 86. INJ/ WOF 1 □ Y, office	ASIS TO Cause given ACE OF OEATH (E 5 Residence URY AT RES 2 NO end place, end d	UIRI Uch as LIV In Part	GINI cardiac ER/B I. 24a. 1 C DESCRIB LOCATION City or Tow	ONE WAS AN A PERFORM YES 2 (OCITY) WE HOW IN. OCITY (OCITY) OCITY (OCITY) OCITY (314 atory street wuttopsy MED? W No	24b.	MARE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation investigation of Could not be determined 29a. CERTIFIER (Check only)	s. BREAST OUE TO (b. DUE TO (c. DUE TO (d. B. CONTributing to (Month, Da 28e. PLACE OF (Month, Da 28e. PLACE OF building, (c. CIAN: To the best of s. R: On the best of s.	CANCER (OR AS A CONSI (OR AS	THEOUENCE OF EQUENCE OF Tresulting in The Indian Control of Indian	META META	EXA ha mod STA STA 26. PL/ g Home 86. INJ/ WOF 1 □ Y, office	ACE OF OEATH (s 5 Residence URY AT RK7 end place, end de action occurred at till 29c. LICENSE N	UIRI Uch as LIV In Part Check on 28d. 28f.	GINI cardiac ER/B I. 24a. 1 C DESCRIB LOCATION City or Tow	ONE WAS AN A PERFORM YES 2 (OCITY) HOW IN. OCITY OF THE HOW IN.	314 alony street a	24b. CURED or Rural R ad.	MARE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO

		mit. Pages 1, 2, 3 West	
BALTIMORE, MARYLAND 21203-3146	s law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician,	by the funeral director, page 5 should be detached for use as the bunial-transit p moval.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within jours at	TO THE FLINERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, Pages 1, 2, a second by filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - STATE REGISTRAR		CERT	FICATE	OF DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)		11-17-2			2. DATE OF	DEATH	AY	MEAN	3. TIME OF D	EATH
- 3	Inez Mills Pears	son				Febru	-		1992	9:30	рм
- 3	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthde	y) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. OATE OF	BIRTN	0,	S. BIRTI	NPLACE (State o	r Foreign
1000	577-84-2272	1 🗆 M 2 🔀 F	97 YRS	MONTHS D	AVB HOURS MIN.	Oct.		1894	Sout	h Caro	lina
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TO	WN OR LOCATION OF				OUNTY OF E		
DIRECTOR	Carriage Hill Num	rsing Cent	er	Silve	er Spring			Mo	ntgom	nery	
REC	10a. STATE 10b. COUNTY									10d. INSIDE (HTY
٥		gomery	S	Silver S				,		1X YES 2	
FUNERAL	9101 - 2nd Avenue	e			101. ZIP CODE 20910					States	n
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 L IF YES, GIVE WAF	YES 2 NO	If y	B DECENDENT OF NISPA Be, specify Cuben, Mexic YES 2 X NO Spec	can, Puerto Ric		or No-	14. RAC Blac Spec	E American lek, White, etc.	
	**									Blac	k
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind	T'S USUAL OCCU of work done duri IT use retired.)	PATION ng most of working	16b. K	IND OF BU	SINESS/II	NDUSTRY		
ZE	Elementary/Secondary (0-12)	College (1-4 or 8+) 5+				D.C. Public Schools					
ME	17. FATHER'S NAME (First, Middle, Last)	JT	Teach	ier	18. MOTNER'S N					OOLS	
ö	John Mills					ett Gr		- Our matrie,	,		
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (S	treet and Number or Rura			vn, State, .	Zip Code)		
5	Harriett Trent		1655	- 48th	Ave., Sa	n Franc	cisco	, Ca	alifo	rnia 9	4122
	204, METNOD OF DISPOSITION	and the state of			of cemetery, crematory or	an Francisco, California 94122 or 20c. LOCATION — City or Town, State					
	1 🖾 Burial 2 🗆 Cremation 3 🗆 Rame 4 🗆 Donation 8 🗀 Other (Specify)	eek Cen	netery		Was	Washington, D.C.					
	21. SIGNATURE OF INERAL SERVICE LICENSPE 22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service, In										
	* Muy 4/19/	4 mm	2		Guire Fune O Georgia					ton D	C
	23. PART I. Enter the diseases, Dr c	complications that	caused the death. D								kimate
	shock, or heert feilure.							1	-		and Death
	disease or condition								UNDI	15 2	une
	DUE TO (OR AS A CONSEQUENCE OF):									700	
z											
TIO	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):										
CA	cause. Enter UNDERLYING										
TIF	that initiated events									P	VPC.
CERTIFICATION		at Initiated events authorized a CEREBADUSSCULAR DISEME WAR DEHENTIA 8 YRS.									110
AL C	PART II. Other algnificant condition	e contributing to d	eath but not resulti	ng in the unde	riying cause given	In Part I. 2	4a. WAS A	N AUTOPS	3Y 24	b. WERE AUTOPS	
DICAL] ,	YES			COMPLETION OF DEATH?	
AEC								21		1 YES 2	□ NO
ä											
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLACE OF DEATH (Check only one)					
SIC	1 TES 2 NO		ER/Outpetlent 3 🗆 DO	OTHER:	g Nome 5 🗆 Residence	a 8 🗆 Other (Specify)				
Y PHYSICIAN: ME	27. MANNER OF DEATN 1 Netural 5 Pending Investigation	28a. DATE OF II (Month, Day	NJURY 28b.	TIME OF 12	Bc. INJURY AT WORK?	28d. DEŞC	RIBE NOW	INJURY (OCCUREO		
) BY	2 Accident investigation 3 Suicide 8 Could not be	rm, street, factor	r, office	28f. LOCAT	ION (Street Town, State	and Num	ber or Rura	Route Number,			
TED	4 Homicide determined	building, et	ic. (Specify)			City or	IOWN, State	,			
J.E	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of n	y knowledge, death oc	curred at the tim	, data and place, and d	lus to the cause	e(a) and me	nner sa	stated.	10	
COMPLET	(Check only one) 2 MEDICAL EXAMINE									(a) and manner	as stated.
	296. SIGNATUME AND TITLE OF CERTIFIE	R /			29c. LICENSE N	IUMBER	-	29d, D	DATE SIGNE	D (Menth, Day,)	rbar)
BE	Garver	er 7	Keen	Kus	MO I	20919	14	•	02	-/10/	72
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATN (ITEM 27)	(Type, Print)			4				~
	Arnold Lear, M.D.	., 2201 L	Street N.	W., Was	hington.	D.C.					
	31. DATE FILED (Month, Day, Year)		'S SIGNATOR						1		
	FFB 11 '92	guna vai	(dosing)						*		

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician filled in by the funeral director, page 5 should be detached for use as the bunal-tra	on, or removal. he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the lower requires that the detection of the attending physician and completely filled in by the funeral director, page 5 should be detected for use as the burial-tra	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

1 - STATE REGISTRAR				HEALTH AND F DEATH	MENTAL HYGIE REG. N				
1. DECEDENT'S NAME (First, Middle, I	MAMIE B.	PRATHER			2. DATE OF DEATH	7 9295	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 213-74-5279	1 □ M 2 対 F 8	E (In yrs. lest birthday) 6 YRS.	MONTHS DAYS		Jan 6,	1006	BIRTHPLACE (State or Foreign Country) Iaryland		
90. FACILITY NAME (If not institution, of Meridan Nurs	ing Care Ce	nter		ver Spr			sc. COUNTY OF DEATH Montgomery		
10e. STATE 10b. CO				Spring			10d. INSIDE CITY LIMITS?		
10e. STREET AND NUMBER				101. ZIP CODE 20902		10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	If yes,	ECENDENT OF HISP	ANIC ORIGIN? (Specify 1 can, Puerto Rican, atc.)	ee or No — 14.	Black, White, atc. Specify:		
15. DECEDENT'S (Specify only highest of permitten) (Specify only highest of permitten) (Specify only highest of permitten) (Specify only highest of permitten) (Specify only highest of permitten) (Specify only highest only high	EDUCATION prade completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	S USUAL OCCUPA work done during use retired.)	TION nost of working	16b, KIND OF B	USINESS/INDUST	lack RY		
17. FATNER'S NAME (First, Middle, Last					IAME (First, Middle, Maide	n Surname)			
19e. INFORMANT'S NAME (Type/Print)	Jackson (Daughter)	19b, MAILING	O ADDRESS (Stree	EII	zabeth A Route Number, City or To	wn, State, Zip Cod	20902		
Ms Diane Prat	her		0 Rand	olph Rd	, Apt 10		er Spring,		
23. PART I. Enter the diseases,	or complications that cause	der dette Do	22. NAME SNO 246	WDEN FU	NERAL HO	ME P.A St, Ro	ckville, M		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO (OR AS CORONA C. DUE TO (OR AS	A CONSEQUENCE OF A CONS	drie Ry DIS	EASE	Palu	e	Interval Between Onset and Death 3 Lay		
Cerebra	ASCULAR ACC	lar C	In the underly!	ng couse given in	1 Part I. 24a. WAS A PERFC	N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Inpetient 2 ER/Out	tostlent 3 🗆 DOA	QTHER:	PLACE OF OEATH (C	heck only one) 6 Other (Specify)				
27. MANNER OF DEATN Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 28c. II	JURY AT	28d. DESCRIBE NOW	INJURY OCCURE	D		
2 Accident Investigati 3 Suicide 6 Could not 4 Nomicide datarmine	28e. PLACE OF INJUR	Y — At home, farm, a		YES 2 NO	281. LOCATION (Street City or Town, Steet	and Number or Ru	ural Route Number,		
290. CERTIFIER (Check only one) 1 CERTIFYING PROPERTY ONE) 2 MEDICAL EXAM	IVSICIAN: To the best of my know	wiedge, death occurre	ed at the time, da	e end place, end du	e to the cause(e) end mi	anner ee atated.			
296. SIGNATURE AND TITLE OF CERTI		Im	7	29c, LICENSE NU			NED Month, Day, Year)		
30. HAME AND ADDRESS OF PERSON	WNO COMPLETED CAUSE OF DE	0	Print) 5 Call	o, WI	heaton,	Md -	10906		
FFR 10 '92	P. REGISTRAR'S SIGN	Sindall.							

16130 30

Long L. James

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and the death. Page 6 may be retained by the hospital or attending physicis	And after death. Page 6 may be retained by the hospital or attending physici
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	filled in by the funeral director, page 5 should be detached for use as the burial-in, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH	Y	YEAR	3. TIME OF DEATH	
	BERTHA FAYE PA	XTON						02- 07, 1992			92	6:02 PM M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YE	AR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF ! (Month, De			8. BIRTH Count	HPLACE (State or Foreign	
	238-78-6318	1 M 2 F		43 YRS.	MONTAS DA	175	HOURS MIN.			1948		th Carolina	
_	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, TO	WN O	R LOCATION OF DE	ATH		9c. COU	NTY OF D	DEATH	
DIRECTOR	NIH, THE CLINIC		BETHESDA MONTGOMERY					MERY					
REC	106. STATE 106. COUNTY				Y, TOWN OR L		ON					10d. INSIDE CITY LIMITS?	
	NORTH CAROLINA	Gaston		GA	STONIA			<u>. </u>				₩X YES 2 □ NO	
FUNERAL	10e. STREET AND NUMBER	1177				101.	ZIP COOE			10g. CIT		WHAT COUNTRY?	
NE	2005 HEMLOCK AVEN						28054				USA		
	11. MARITAL STATUS 1 Never Merried 2 Merried		YES 2/L	NO	If ye	s, spe	ENDENT OF HISPAN city Cuben, Mexical	n, Puerto Rica		or No-	Blac	E — American Indien, k, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES		1	YES	2XXNO Specify				Spec WH	ITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. l	DECEOENT'S	USUAL OCCU	PATIO	N t of working	t6b. Kii	ND OF BUS	BINESS/INI	DUSTRY		
	Elementery/Secondary (0-12)	College (1-4 or 5	+)		work done durir se retired.)								
MP		2		Office	Mana	gei					actu	ring, Inc.	
00	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA			Surname)		1	
띪	Keith Hovis					\perp	Bonnie						
2	19a. INFORMANT'S NAME (Type/Print) Eddie Y. Paxton						AVENUE,				p Code) 280	5.4	
		7	20h PLAC				etery, crematory or	GASIC					
	20e. METHOD OF DISPOSITION 1 X Surfel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other	place)	norial				Ga	ston	ia	North Carolina	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENTIPA	Toasc	OII MEI	22. NAI	ME AN	D AGORESS OF FA	CILITY ROL	ert	A. P	umph	rey Funeral	
	* Daniel E	terr		M0080			Bethesda nsin Ave					7557 20814	
	23. PART i. Enter the diseeses, or o				_							Approximate	
	shock, or heert fellure.	List only one ce	use on each II	ne.								Interval Between Onset and Death	
	disease or condition	e. Allenos	*******	2.0	Bren	+.	. H. m. A.	Auric				11/2 455	
İ	resulting in deetily	DUE TO	(OR AS A CONS	SEQUENCE O	F):		21.00						
N N	Sequentielly list conditions,	b	400 40 4 0044	SECURIOS O	_								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	OUE IC	(OH AS A CONS	SECUENCE O	DUENCE OF):				į į				
윤	CAUSE (Disease or Injury that initiated events	CDUE TO	(OR AS A CONS	SEOUENCE O	F):								
E	resulting in deeth) LAST	d											
	PART II. Other significent condition	s contributing to	deeth but no	t resulting	In the unde	rlvino	ceuse alven in	Pert i 24	Is. WAS AN	ALITOPSY	24	b. WERE AUTOPSY FINDINGS	
MEDICAL			40000	t room any	III IIIO GIIGO	.,	oodda giran in		PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
							-	- 1	YES 2	□ NO		OF DEATH?	
								-				17 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		· · · · · ·			28. PL	ACE OF OEATH (Ch	eck only one)					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	Hom	s 5 Residence	8 DOther (S	inacthr)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE O	FINJURY	28b. TIN	E OF 28	c. INJ	URY AT	28d. DEŞCR		NJURY O	CCURED		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(wonth,	Day, Year)	114	M ·		RK7 'ES 2 NO						
- 1	3 Suicide 8 Could not be	28e. PLACE (OF INJURY — At, etc. (Specify)	home, farm,	street, factory	olfic			ON (Street (er or Rural	Route Number,	
COMPLETED	4 Homicide determined												
PL	29e. CERTIFIER 1 XXERTIFYING PHYSI	ICIAN: To the best of	f my knowledge,	death occurr	red at the Ifme	, date	end place, end due	to the ceuse	(e) end ma	nner as st	ated.		
Š	one) 2 MEDICAL EXAMINE	R: On the beele of	examination end/	or investigation	on, in my opin	ion, d	eath occured at the	time, date an	d place, er	nd due to t	the ceuse	(e) end menner ae stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICENSE NUI	MBER				D (Month, Day, Year)	
TO B	Jud Den A	mo					H.M. 148	053		F	SP 2	8,1992	
	30. NAME AND AGORESS OF PERSON WH	1/2	_			/IL	LE PIKE,	BETH	ESDA,	MAF	RYLAN	ND 20892	
	31. DATE FILEO (Month, Day, Year)		ARIO SIGNATURI		2								
	FFR 10 '92	Guha	handage.		21								

201-1-17

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30,	within
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O. B(ertificate
G. D.	death c
õ	the
N.	that
RECO	requires
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TA	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h
SION	TENDING
>	A
ā	DA
	B

	REGISTRAN		CERTIF	ICALE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	MYRTLE C	AROLYN	PFAEND	ER	2. DATE OF DEATH MONTH	74. YEA		
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.				
	220-44-3021	1 M 2 X F 95	**	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 26,	Co	RTHPLACE (State or Foreign unitry)	
	9a. FACILITY NAME (If not institution, give str	net and number)	9b. CITY, TOWN	F DEATH					
E E	HOLY CROSS HOS	PITAL	SILVE						
DIRECTOR	RESIDENCE OF DECEDENT			SILVE	SIKING	1	MONTE	ONTGOMERY	
Ä	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
ā	MARYLAND CHARL	ES	A PLATA				LIMITS?		
7	10e. STREET AND NUMBER			10	I. ZIP CODE		T 40- 01717711 0	F WHAT COUNTRY?	
5	4050 SILVER OA	K ROAD		"	20646				
FUNERAL	11. MARITAL STATUS						USA		
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES	2 X NO	If yes, s	secify Cuban, Maxica	IIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No- 14. R/	ACE — American Indian, lack, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 TYE	S 2 X NO Specify	<i>y</i> :		Decity: WHITE	
	15. DECEDENT'S EDUC	TION I.	14. DECEMBER						
COMPLETED	(Specify only highest grade of	ompleted)	(Give kind of v	USUAL OCCUPATI work done during m re retired.)	ost of working	16b. KIND OF BUS	INESS/INDUSTRY	f	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)							
M	17. FATHER'S NAME (First, Middle, Last)		MAIL OR	DER CLEI		DEPARTME		KE	
					18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
BE		HITTING			ANGELI		BECKER		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural I	Route Number, City or Town	n, State, Zip Code)		
	FRED W. PFAENDER	(SON)	4050	SILVER (OAK ROAD.	LaPLATA,	MARYI.AN	ID 20646	
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Remove		LACEAND DATEC	F DISPOSITION /N	ame of		CATION - City or		
	4 Donetton 5 Other (Specify)		ery, crematory or ot	her place) OLN CEMI	TTEDV	2/6 BREN	TWOOD.	MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICE	HSEE		22 NAME 4	ND ADDRESS OF FA	LINS FUNER	17 2701/5	THE	
- 1	Klindhug	5/ 1	10	FOO ID	.5 J. CUL	LINS FUNER	AL HOME	, INC.	
	23. PART I. Entar the diseases, or co	angru		poo or	IVERSITY	BLVD., W.	, SIL.	SP., MD 20901	
	shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	et only one cause on eac	Vro	Sec. I			ratory arrest,	Approximata interval Batween Onset and Death	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initiated events resulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	DART II ON THE STATE OF THE STA								
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death but	not resulting in	the undariyin	g cause given in	Part I. 24a. WAS AN / PERFORI	MED?	4b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Z	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF OEATH (Che	ork only one)			
Sic		HOSPITAL:	2 [] DOA	OTHER:					
Ě	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME		e 5 Residence				
	1 Netural 5 Pending	(Month, Day, Year)	INJU	JRY WO	RK?	28d. DEŞCRIBE HOW IN	JURY OCCUREO		
B	2 Accident Investigation	28a PLACE OF IN HIDY	41.50-01.40-01.40		rES 2 NO				
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify)	At nome, farm, st	reet, factory, offic		28f. LOCATION (Street ar City or Town, State)	id Number or Rura	f Route Number,	
91	29a. CERTIFIER			O Disease					
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:	AN: To the beat of my knowled On the beats of examination as	ge, death occurred nd/or investigation	d st the time, data i, in my opinion, d	and place, and due teath occured at the t	to the cause(a) and mannitime, data and placa, and	ner as stated, due to the cause	e(s) and manner as stated.	
- 10	296. SIGNATURE AND TITLE OF CERTIFIER	18 1	. 1		29c. LICENSE NUM			ED (Month, Day, Year)	
BE	1	1	1 //		ANDE	204	DUF.	Dren -	
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type,	Print)	W Of I		600	V 9 C	
-	31. DATE FILED (Month, Day, Ybar)	1.32. NEGISTRAR'S STATE	1114	MIN	u 11/1	0 10	WT		
	FEB - 7 1992 gu	La Devident-100			-				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2014-2018 after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page has good within 27 hours after death with the State Deat of Health and Mental Harilene note to brind cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
	-	100

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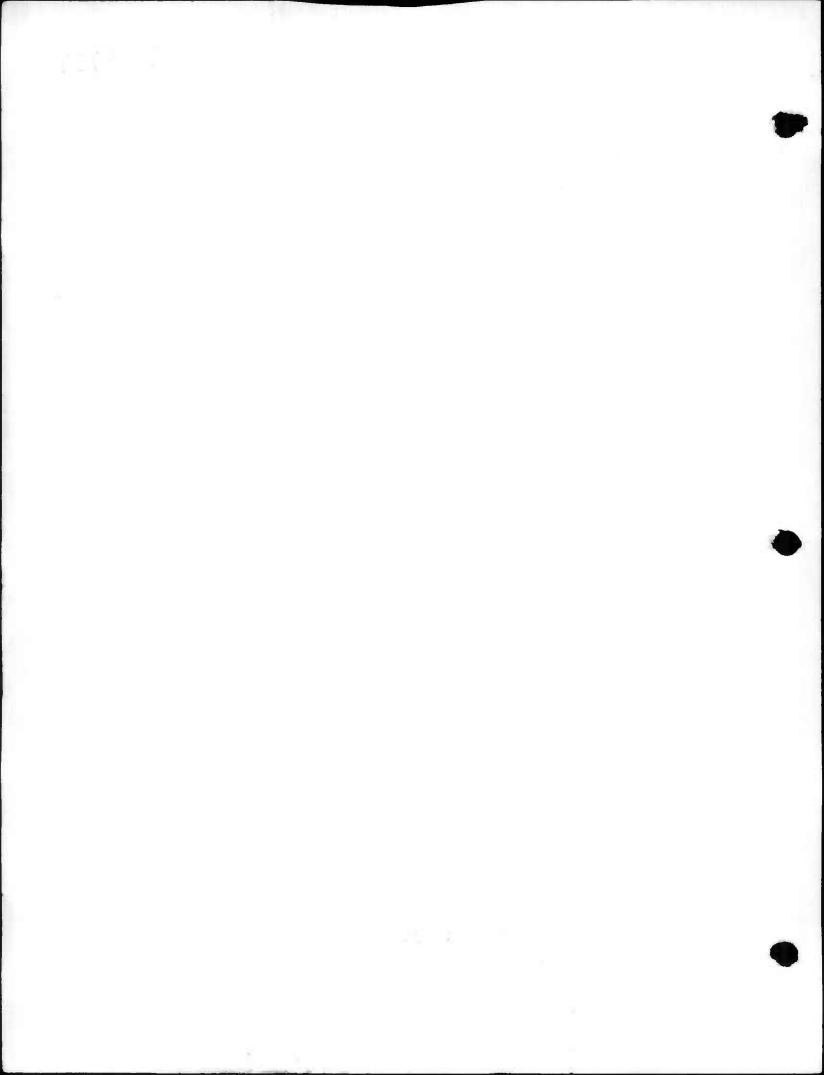
31. DATE FILED (Month, Day, Year)
FFB 10 '92 FFB

						26	04/94		
	1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIENI REG. NO.	Ε			
	1. DECEDENT'S NAME (First, Middle, Last) WILFORD P	Ay NILFORD C.			2. DATE OF DEATH	- 9	2/102 AM		
	2/7-/4-74/3	5. SBX 6. AGE (in yrs. lest 80	YRS. IF UNDER	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	11 0	RRTHPLACE (State or Foreign Country) RGINIA		
TOR	9a. FACILITY NAME (If not institution, give at	-NS9 Home	% CITY	town or Location of D	EATH D	Men	of DEATH		
DIRECTOR	10a. STATE 10b. COUNTY	ontromeny	10c. CITY, JOWN	OR LOCATION ATTOM	9		IMA. INSIDE CITY LIMITS? 1 NO		
FUNERAL	100, STREET AND NUMBER 4220 Ro	and Hill 1	Rd	101. ZIP CODE 2890	56	10g. CITIZEN	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 ☒N IF YES, GIVE WAR OR DATES	10	WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico 1 ☐ YES 2 NO Specifi	n, Puarto Rican, etc.)		RACE — American Indian, Black, White etc. Specify:		
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (GI	VICE -STA	during most of working	16b. KIND OF BUS	TI S	tohin		
S	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Meiden	Sumeme)			
H	ROBERT BAILEY 19a. INFORMANT'S NAME (Type/Print)		MAII ING ADDRES	FLOREN \$ (Street and Number or Rural			NDALL		
임	JOSIE B. PAYNE			HILL ROAD,					
ĺ	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo	20b, PLACE	OF DISPOSITION (N	ame of cometery, cremetory or	20c. LO	CATION — City			
	21. SIGNATURE OF FUNERAL BERVICE LICE		FI FI	NAME AND ADDRESS OF FA	CILITY LLINS FUNEI	RAL HOM			
	23. PARTNI, Enter the diseases or c	omplications that caused the de	ath. Do not ente				Approximate		
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (or AS A CONSEQUENCE OF): CAUDOMUS (Deadly Cardiovicus) List only one cause on each line. Interval Between one and Deadly Cardiovicus) DUE TO (or AS A CONSEQUENCE OF): CAUDOMUS (Deadly Cardiovicus) 1544								
	,	DUE TO OR AS A CONSECULA	OUENCE OF):	Carling	en Oert)14-1-	154		
NOL	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC		ama		G.A.	1592		
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):						
ERT	reaulting in death) LAST	4							
- 1	PART II. Other significant conditions	a contributing to death but not r	resulting in the u	nderlying ceusa givan in			24b. WERE AUTOPSY FINDINGS		
MEDICAL		1			PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
ME					_		1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE-OF DEATH (C	heck only one)				
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpatient 3	DOA 4 Nu	String Home 5 - Raeldence	6 Other (Specify)				
ВУ РНУ	27. MANNER OF GEARM 1 Nebural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURI	ED		
G	Accident investigation Ituride a Could not be determined.	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street, fac	ctory, offica	28f. LOCATION (Street a City or Town, State)		Burel Ploute Number,		
COMPLET	COMPON OTHY	CIAN: To the best of my knowledge, de R: On the basis of examination and/or					suse(a) and menner as stated.		
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	Doub.		29c. LICENSE NU	MBER 14 A	29d. DATE SIG	GNED (Month, Day, Year)		
9	30 NAME AND ADDRESS OF DEDSON WHO	O COMPLETED CAUSE OF DEATH (ITE)	M 27) (Sime Brief)	2000	0000		1/72		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 309 SHOREFIELD

ALLO AND L. LE NKIN MD WASHTON MY

29 REGISTARS EIGNATURA



31. DATE FILED (Month, Day, Year)

	FOR 1 - STATE REGISTRAR		LAND / DEF	ARTMENT O	F HEALTH AND	MENTAL HYGIEN		047
	1. OECEDENT'S NAME (First, Middle, Last JULIA	, F	P	ARKINS	14.2		MY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-34-7278 9a. FACILITY NAME (If not institution, give	1 M 2 X F	E (In yrs. last birthd	MONTHS DA		(Month, Day, Year) 12-25-1	936	BIRTNPLACE (State or For Country) Maryland
TOR	PENINSULA GENE			30. 011, 10	SALISBUR			TY OF DEATH VICOMICO
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		10c.	CITY, TOWN OR L				10d. INSIDE CITY
	10a. STREET AND NUMBER	nerset		Chanc	10f. ZIP CODE		10g. CITIZI	1 VES 2 1
BY FUNERAL	Box 4 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If ye	2 18 16 DECENDENT OF NISF e, specify Cuten, Mex YES 2 NO Spe	PANIC ORIGIN? (Specify Yelican, Puerto Rican, etc.)	a or No 1	I4. RACE — American Indian Black, White, etc.
ETED	15. OECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION te completed) College (1-4 or 5 +)	(Give kind	T'S USUAL OCCU of work done durin IT use retired.)	PATION og most of working	16b. KIND OF BU	SINESS/INDU	White stay
COMPL	1 1 17. FATNER'S NAME (First, Middle, Last)	Contage (14 or 54)	Hou	sewife				
BE C	Thomas F.	Ford				NAME (First, Middle, Meiden tie E. f	Surname)	
70	190. INFORMANT'S NAME (Type/Print) Mr. Jack P. P	arkinson	196. MAIL Box			al Route Number, City or Tow		Code)
	20e METNOD OF DISPOSITION 1 (# Burlet 2 Cremetton 3 Rer 4 Donetton 5 Other (Specify)	moval from State C8	b. PLACE AND DA	TE OF OISPOSITIO	ance. Ma N(Name of	OATE 20c. LO		ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	t. Pau 00295	22. NAM			9	Maryland
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause on List only one cause on a. OUE TO (OR AS	ed the death. D	o not antar tha	mode of dying, at	uch ss cardiac or respi	ratory arres	Approximat Interval Bel Onset and
RTIFICATION	Sequentially list conditions, if smy, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	bDUE TO (OR AS	A CONSEQUENCE	OF):				
ERTIF	that initisted eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):				
AN: MEDICAL CE	PART II. Other significant condition of acres of the significant conditions of the significant c	ens contributing to death	but not resulting	og in the under	lying cause given i	n Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL: 1 ☐ Inputient 2 ☐ ER/Out	Inellant a 🗆 Boo	OTHER:	8. PLACE OF DEATH (C			
ВУ РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. 1	TIME OF 28c.	Nome 5 Residence INJURY AT WORK? YES 2 NO	8 U Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCU	RED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farr	n, street, factory, o	office	281. LOCATION (Street a City or Town, State)	ind Number or	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMINE	IICIAN: To the best of my know ER: On the basis of examination	viedge, death occi on end/or investig	urred at the time, a	date and place, and du	ue to the cause(s) and man	ner es stated	ceuse(s) and manner se stat
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	gelle 1	MID		29c. LICENSE NO			SIGNEO (Manth, Day, Year)
- 1	30. NAME AND ADDRESS OF PERSON W	O COMPLETED SAUSE OF DE	EATN (ITEM 27) (7)	rpe, Print) / O	E A.	01.1	10	1) 141

32. REGISTRAR'S SIGNATURE
Junia Davidson Randoll

	s marked, or item 23 shows any injury, or other traumatic event, the medical examin	
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31. OATE FILED (Month, Day, Year) FEB 1 2 '92

	1 - STATE REGISTRAR		C	ERTIF	ICAT	E OF	DEAT	ГН	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Mi	The second							2. DATE OF DEATH		YEAR 3	. TIME OF DEATH	
	Alba	ert Kitchner							Feb. 10,		2	9:30 p.m	
	214-20-9425		6. AGE (In yrs. II	st birthday) YRS.	MONTHS	DAYB	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 15,1	926	B. BIRTHPL Country) Maryl	and	
OR	9a. FACILITY NAME (II not institu 32 Wengate	Road			96. CITY	Ow:		Mil.	ATH	9c. COU	NTY OF DEA		
DIRECTOR		b. COUNTY		10c, CIT	Y, TOWN	OR LOCAT	ION				10	Dd. INSIDE CITY	
	Md.	Baltimore			- (Owing	ge Mi	ills			1	LIMITS?	
FUNERAL	100. STREET AND NUMBER	Wengate Ros	d			10f.	ZIP CODE	2111'	7	10g. CIT	U.S.	A .	
BY FUN	11. MARITAL STATUS 1 Never Married 2XXMe 3 Widowed 4 Divorced	roled FORCES?	ENT EVER IN U.S. A 1 YES 2 WAR OR DATES WW II			WAS DEC	city Cuba	n, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No	Black, V	American Indian, white, etc.	
LED	15. OECEDE (Specify only his	NT'S EDUCATION	18a. D	ECEDENT'S Give kind of w	USUAL O	CCUPATIO	N t of umrkin		16b, KIND OF BUS	SINESS/INC		1111111	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or	446	Elect	e retired.)		TO WORKS	ry	Wes	tingl	nouse	Manu.	
	17. FATHER'S NAME (First, Middle Alber	t K. Patchet	t				18. MOTE	NER'S NAI	ME (First, Middle, Maiden Edith Bay	Sumame)			
TO BE	19a, INFORMANT'S NAME (Type/ Elaine B.		16	96. MAILING	ADDRES	s (Street at	d Number	or Rural F	Poute Number, City or Town	n, State, Zip	Code)		
	20a. METNOD OF DISPOSITION 15 Burial 2 Cremation 4 Donation 5 Other (Spi	3 Removal trom State	20b. PLACE cemetery, cr	AND DATE Of the matery or of	of DISPOS her place)	Pa1	ne of	2/13/			City or Town		
	21. SIGNATURE OF FUNERAL SI	Ella B	1			Eck!	appres	Fui		el		21117	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infliated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d												
	PART II. Other aignificant of	conditions contributing to	o death but not	reaulting in	n the un	Po 7	cause g	Str	Part i. 24a. WAS AN PERFOR 1 VES 2	MED?	AM CC OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
MEDICAL			25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)										
MEDICAL	25. WAS CASE REFERRED TO MI	HOSPITAL:			OTHER	₹:							
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 Inpatient 2 28a. DATE C	☐ ER/Outputient 3 F INJURY Ony, 'tear'	3 DOA	4 Nur	₹:	S TO RE		ck only one) B Other (Specify) 28d. DESCRIBE NOW IN	JURY OCC	CURED		
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pent 2 Accident Inver 3 Suicide 8 Cou	HOSPITAL: 1 Inpetient 2 28a. DATE C (Month, stigation d not be 28e. PLACE building	F INJURY	28b. TIME	4 Num	R: ping Nome 28c. INJU WOR 1 YI	S TO RE	sidence i	8 Other (Specify) 28d, DESCRIBE NOW IN 28t, LOCATION (Street a			a Number,	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pener Inversion Suicide 8 Coulder determine Suicide 8 Coulder Suicide 8 Coulder Suicide Su	HOSPITAL: 1 Inpatient 2 28a. DATE C (Month, stigetion id not be mined HOSPITAL: 1 Inpatient 2 28a. DATE C (Month, 28a. PLACE building	F INJURY Day, Year) OF INJURY — At he J, etc. (Specify)	28b. TiME INJU	4 Nurri	R: pling Nome 28c, INJU WOR 1 Ye Ory, office	S PROPERTY AT K?	NO NO	8 Other (Specify) 28d. DESCRIBE NOW IN 28t. LOCATION (Street a City or Town, State)	nd Number	or Rural Rout	» Number,	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Peneral Inversion of the County of the Count	HOSPITAL: 1 Inpetient 2 28a. DATE C (Month, stigation d not be 28e. PLACE building	F INJURY Dey, Year) OF INJURY — At he p, etc. (Specify) of my knowledge, de	28b. Time INJU pme, ferm, st	4 Nurri	R: sing Nome 28c. INJU WOF 1 Yi ory, office	S PROPERTY AT K? ES 2	NO and due t	8 Other (Specify) 28d. DESCRIBE NOW IN 28t. LOCATION (Street a City or Town, State) to the cause(s) end man	nd Number	or Rural Route		

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, PHILI)
- Glick MD 20 Crossroads Dr. Suite 12 Owings Mills MD 21117

KMD ZO Cro 12. REGISTRATI'S SIGNATURE Fulia Drividson-Randale

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_	2	呈	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the	OR AT	TEN	DING	PHY	SICIAN	The	Jaw.	regu	res	that	Ē
1	2	里	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the	DIREC	90	After	this	certific	ate h	as p	een	signe	5	2

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	.es	MARYLAND /	RTIF	ICATE C	F DEATI	H		REG. NO.			
	LILA	O. P	POLLI	N				2. DATE OF MONTH	DEATH	ž -	92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 105-12-7226	5, SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YE.		MIN.	7. DATE OF (Month, D		1917	Countr	IPLACE (State or Foreign y) VEW YORK
AC.	90. FACILITY NAME (If not institution, give SUBURBAN HOSPIT					VN OR LOCATION				0c. COU	NTY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	30-13			BETHE					MON	TGON	IERY
E C					Y, TOWN OR LO							10d. INSIDE CITY LIMITS?
FUNERAL C	MARYLAND MON	TGOMERY		SII	VER SE	101. ZIP CODE				10g. CITI	ZEN OF W	1 YES 2 NO
Ä	3505 S. LEISURE					20906				UNIT	ED S	STATES
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ED	15. DECEDENT'S EC (Specify only highest gra-	DUCATION de completed)	16a. DEC	EDENT'S	USUAL OCCUP	ATION most of working		16b, KI	ND OF BUS	INESS/IND	USTRY	WILLE
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5	+) life. (AGEM	se retired.)	most of working		000	TAT .			
Š	17. FATHER'S NAME (First, Middle, Last)			14 (e) ME	T WELL	18. MOTHE	R'S NAME	E (First, Midd	TAL V		_	
BE	HYMAN ORLEAN							MIDO				
2	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Stre	et and Number or	Rural Rou	ute Number,	City or Town	n, State, Zip	Code)	
_	RICHARD POLLIN	(SON) 26	15 0	REST A	VENUE.	CHEV	VERLY	. MAI	RYI.AN	D 20	785
	20a. METHOD OF DISPOSITION 14 Burlet 2 memation 3 Re	moval from State		ND DATE	OF DISPOSITION			DATE		CATION —		
	4 Donation Other (Specify)				MEMOR	TAL GAR			FALI	S CH	URCH	VA.
	21. SIGNATURE OF FUNERAL SESSIONET	J. CENSEE	1.			AND ADDRESS		LITY				
	- Jaly	m. /-	Jese		DANZ	WASKI-C	OLDE	DEKG .	MEMOR	CLAL	CHAP	ELS, INC.
		r complications the	t causad the dea	th. Dp r	Dt anter tha	ROCKVI	I.I.E	PIKE	ROC	KVIL	LE.	MD. 20852
	immediate cause (Final disease or condition resulting in death)	. END	of causad the deause on each line. STAGE (OR AS A CONSEQUENCE)	Ct	1RDNIC	moda di dying	j, auch a	oe cardiac	PURMO!	NATE	eat,	Approximate interval Between
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+10urs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State heart, of Health and Mental Housene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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,	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF H ERTIFICATE OF		NTAL HYGIENI REG. NO.	92	04798
	1 -0	ROCKEL SEX M 2 XF 8. AGE (In yrs. lo	ast birthday) IF UNDER 1 YEAR MONTHS DAYS	IF LINDER 24 HRS. 7.	DATE OF DEATH MONTH DATE OF BIRTH (Month, Day, Year)	199 8.8	
LOR	98. FACILITY NAME (If not institution, give street OID CONST NSG CEN	and number) 541201d C ter, RANDALISTON	TKQ.	STOWN I	4D.	BC. COUNTY C	10)
DIRECTOR	10a. STATE 10b. COUNTY Md. Balt	imore	10c. CITY, TOWN DR LOCAT				10d, INSIDE CITY LIMITS? 1 YES 2 XND
FUNERAL	100. STREET AND NUMBER 5408 Weywo	od Drive	101	21136			OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AI FORCES? 1 TYES 2 2 IF YES, GIVE WAR OR DATES	INO If yes, sp	ENOENT OF HISPANIC Colorly Cuben, Mexican, Proceedings			RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	repleted) ((Soflege (1-4 or 5+)	ECEDENT'S USUAL OCCUPATION Give kind of work done during mode. Do NOT use retired.) Saleslady	ON st of working	16b. KIND OF BUS	. Stor	
COMPL	17. FATHER'S NAME (First, Middle, Lest) Elmer Barnes			18. MOTHER'S NAME (IMOGE)	(First, Middle, Meiden :	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Henry C. Rockel	11	96. MAILING ADDRESS (Street a 5408 Weywood				
	20a METHOD OF DISPOSITION 1	i from State Other E	E OF DISPOSITION (Name of cer place) ridence Cemete	and the same of th	200	er. Ma	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	lland -	Eckl	nardt Fune 05 Reister	ral Chape		21117 ags Mills, Md.
	23. PART I. Enter the diseases, or con shock, de heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	rplications that caused the di it only one cause on each lin	death. Do not enter the mone.				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EQUENCE OF:	by all	and and	sead	
L CER	PART II. Other significant conditions of	contributing to death but not	t resulting in the underlyin	g cause given in Par	rt I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AND
SICIA		1OSPITAL:	ОТНЕЯ:	LACE OF DEATH (Check			
	27. MANNED OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN.		Bd. DESCRIBE HOW I	NJURY OCCURE	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be defarmined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, street, factory, offic	26	8t. LOCATION (Street of City or Town, State)		lural Route Number,
COMPLETED	(Check only	N: To the best of my knowledge, of the basis of examination and/o					use(a) and menner as stated.
BE	29b. SIGNATURE OF CERTIFIER	eaut)		29g. UCENSE NUMBE	FR / 3	DATE SI	GNED (Month, Day Year)
2	20, NAME AND ADDRESS OF PERSON WHO O	ERA 54	00 OLD C	OURT RQ	Suite	105	RANDALISTON
	FEB 12 92	32 REGISTRAR'S SIGNATURE Julia Davidson-A	andell				21133

to will.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

) ARET REI 5. sex 1 🗆 m 2 🕱 F	HMANN 8. AGE (in yrs. les	at birthday)				2. DATE OF MONTH Feb.	D.A	992	YEAR	3. TIME OF DEATH 8:15 PM
5. SEX	8. AGE (In yrs. les	at birthday)				Feb.	3, 1	992		8:15 PM
		at birthday)								0.10 111
	88	YRS.	MONTHS I	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D Jan.	7,19	04	a. BIRTI	PLACE (State or Foreign yland
street and number) scent Cent	ter		96. CITY, T Bel		R LOCATION OF D	EATH			ford	
				LOCAT	ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
Drive				101.	21014			10g. CIT	USA	WHAT COUNTRY?
FORCES?	YES 2X		Nf 1	yes, sp	cify Cuban, Maxic	an, Puarto Rice		or No-	Spec	E — American Indian, k, White, atc. ity:
de completed)	(G	live kind of Do NOT u	work done du se retired.)	CUPATIO	DN st of working			SINESS/IN		
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	19	6. MAILING	idae 1	(Street a	nd Number or Rura	Route Number,	City or Town	n, State, Zi		
moval from State	20h PLACE	AND DAT	F OF DISPOS	SITION	(Name	DATE	20c. LO	CATION -		
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ons contributing to	o death but not	resuiting	in the und	ferlyin	g cause given i		PERFOR	RMED?	24	b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
HOSPITAL:			ОТНЕЯ:	-	2000					
26a. DATE O (Month,	F INJURY	28b. Til	WE OF 2	28c. INJ WC	JURY AT DRK?			INJURY O	CCURED	
26e, PLACE	OF INJURY — At hi	ome, ferm,	street, factor	ry, offic	•				er or Rural	Ploute Number,
										(s) and manner ea stater
elim	là-	du			29c, LICENSE N	UMBER	-	29d. DA	TE SIGNE	D (Month, Day, Year)
WHO COMPLETED CA	USE OF DEATH (IT	EM 27) (Typ	e, Print)						-	EER AIR, A
	FORCES? IF YES, GIVE IT YES, GI	Drive 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2X IF YES, GIVE WAR OR DATES DUCATION 16a. DI	Drive 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2X NO IF YES, GIVE WAR OR DATES DUCATION 16e completed) 16e. DECEDENT'S (Glive kind of its Do NOT HOTTER) 19b. MAILING 203 R BENSON 20b. PLACE AND DATE 19b. MAILING 203 R Coffee (1-4 or 5+) 19b. MAILING 203 R LICENSEE 20b. PLACE AND DATE 19b. MAILING 203 R LICENSEE 20b. PLACE AND DATE 19b. MAILING 205 R LIST DIVE TO (OR AS A CONSEQUENCE	Drive 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2X NO IF YES, GIVE WAR OR DATES 14. DECEDENT'S USUAL OCC (Clive kind of work done du line. Do NOT use retired.) HOMEMAKER 15. MAILING ADDRESS. 203 Ridge 20b. PLACE AND DATE OF DISPO OF Competary Frematory of other place. Decedence of the place	Drive 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 20 NO IF YES, GIVE WAR OR DATES 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during molifie. Do NOT use relied.) 17 HOMEMAKER 19b. MAILING ADDRESS (Street a 203 Ridge Road of Mail of work done during molifie. Do NOT use relied.) 19b. MAILING ADDRESS (Street a 203 Ridge Road of Not use relied.) 19b. MAILING ADDRESS (Street a 205 PLACE AND DATE OF DISPOSITION of corpetary company or other place of the Part of Competary company or other place of the Part of Competary company or other place of the Part of Competary company or other place of the Part of Competary company or other place of the Part of Competary company or other place of the Part of Competary company or other place of the Part of Competary company or other place of the Part of Competary company or other place of the Part of Competary company or other place of the Part of Competary company or other place of the Part of Competary company or other place of the Part of Competary company or other place of the Part of Competary company or other place of Competary company or other place of the Part of Competary company or other place of Competary company or other place of Competary company or other place of Competary company or other place of Competary company or other place of Competary company or other place of Competary company or other place of Competary company or other place of Competary company or other place of Competary company or other place of Competary company or other place of Competary competary or other place of Competary company or other place of Competary competary or other place of Competary competary or other place of Competary competary or other place of Competary competary or other place of Competary competary or other place of Competary competary or other place of Competary competary or other place of Competary competary or other place of Competary competary or other place of Competary or other place of Competary or other place of Competary or other place of	Drive 191. ZIP CODE 21014 191. ZIP CODE 191.	Drive 12. WAS DECERTE EVER IN U.S. ARMED 13. WAS DECERDENT OF HISPANC CHIGH? IT Yes, specify Chieve, flavor, fl	Drive 10f. ZIP CODE 21.014	Drive 10f. ZIP CODE 21014 10g. CIT	Section Bel Air 196. ZIP CODE 210.14 196. CITIZEN OF TUES A
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NLTIMORE, MARYLAND 21215-0020	eath. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit. Pag
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use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL BECORDS

BALLIMORE, MARYLANI	14 s after death. Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detached	ne medical examiner must be notified at once.
Control of the property of the	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24s after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached the find within 72 hours after death with the State herr of Heath and Mental Horistes had to have a companied.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR		STATE OF	MARYLAND C	DEPAI					MENT	AL HYGIE			
	1. DECEDENT'S NAME (Firs										TE OF DEATH	DAY	YEAR	3. TIME OF DEATH
			KEITH SU	JTHARD							2	1	92	10.40PM
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. k		IF UNDER	DAYS	IF UNDE	R 24 HRS.		TE OF BIRTH		S. BIRT	HPLACE (State or Foreign
	579-18-3783		1 M 2 D F	86	YRS.					AUG	G. 23,	1905		HINGTON, DC
Œ	9a. FACILITY NAME (If not is					9b. CITY	, TOWN	OR LOCAT	ION OF D	EATH		9c. COL	INTY OF I	DEATH
01.	4706 STRA	THMOR	E AVENUE	3		KE	ENSI	NGTO	N			MO	NTGO	MERY
DIRECTOR	10a. STATE	10b. COUNT			10c. Cl7	Y, TOWN C	OR LOCAT	TION						10d, INSIDE CITY
	MARYLAND	MON'	TGOMERY		K	ENSIN	IGTO:	N						LIMITS?
MI	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
VER		ATHMOR	E AVENUE					208	95				USA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2	Keenmana	12. WAS DECEDEN	T EVER IN U.S. A		13.	WAS DEC	ENDENT (OF HISPA	NIC ORIO	GIN? (Specify to Rican, etc.)	fas or No-		E American Indian, k, White, atc.
ВУ	3 Widowed 4 Dive	110.00	IF YES, GIVE Y	NAR OR DATES			1 TYES	2 NO	Specif	y:	o rican, etc.)			WHITE
	15. DEC	CEDENT'S EDU	I WWII	16a D	ECEDENT'S	IISUAL O	CCUBATI	NM.		L				
ET	(Specify on Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5		Give kind of e. Do NOT u	work done	during mo	st of working	ng	Ι.	6b. KIND OF 8	USINE35/IN	OUSTRY	
APL	12				EMAN					1	JATER	DEPAR'	TMEN'	r/WASH.,D.C.
COMPLETED	17. FATHER'S NAME (First, N	fiddle, Last)						18. MOT	HER'S NA		t, Middle, Maide			27 111111111111111111111111111111111111
BE (TLETO	N SUTH	ARD				C	ORA			BERR	YMAN	
0	19a, INFORMANT'S NAME (Type/Print)									imber, City or R			
	ISABELLE A.		ARD (WIFE	E) 4	706	STRAT	CHMO	RE A	VENU	E, 1	KENSIN	GTON,	MD :	20895
	20a. METHOD OF DISPOSIT	on 3 🗆 Rem	oval from State	20b. PLACE cametery, cr	ematory or o	ther place)				D/	ATE 20c. L	OCATION -	City or To	rwn, Stata
	4 ¹ Donation 5 □ Other 21. SIGNATURE OF TUNERA		CENSEF	GATE	OF 1					2/4	4 BIL	VER S	PRIN	G, MARYLAND
	- 6X	SERVICE LA	W ()			FRA	NCI	S J.	COL	LINS	FUNE	RAL H	OME,	INC.
	M	1)	lul			500	UN:	IVER	SITY	BLV	VD., W	., SI	L. SI	P., MD 20901
	23. PART I. Enter the d ahock, or h	iseeses, or o eart failure.	complications the	t ceused the design on each line	eeth. Do r e.	not enter	the mo	de of dy	ing, suc	h as ca	rdiac or rea	piratory sr	rest,	Approximate
	IMMEDIATE CAUSE (Fine) disease or condition													Onset and Death
	resulting in death) a. //													
		M	// 000 10	1	0	W								
CERTIFICATION	Sequentially list condit		b 1000 TO	(OR AS A CONSE	OUENCE O	Pi:	<u> </u>							
PAT	if sny, leading to imme cause. Enter UNDERLY	ING				,								
IF	CAUSE (Disesse or Inju that initiated events		oue to	(OR AS A CONSE	OUENCE O	F):								-
ERI	resulting in deeth) LAS	T .	d											
	PART II. Other eignifice	nt condition	a contributing to	death but not	requiting :	la the un	el a plante e		aluan ta	Deat I	T			
MEDICAL				Goddi Dat Hot	eauting	in the time	derrying	ceuse (jiven in	Pert I.		N AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED											1 🗆 YES	2 NO		COMPLETION OF CAUSE DF OEATH?
Σ.										_	}			1 NES 2 NO
IAN	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF D	FATH (Ch	nck only	One)			
Sic	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Num	l:				her (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	JRY AT	SIGNICA		ESCRIBE HOW	INJURY OC	CURED	
BY	1 Natural 5 Accident	Pending Investigation	(Month, D	ay, reary	INJ	URY	1 N	ES 2	NO .					
	3 Suicida 8	Could not be	28a. PLACE O	F INJURY — At he	ome, farm, a	treet, facto	ory, office			28f. LO	CATION (Street	and Number	or Rural F	loute Number,
ETE		defermined								Cit	y or Town, Stat	7)		
COMPLETED	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurre	d at the fli	me, data	and place,	and dua	fo the c	euse(a) and m	nner as stat	ed.	
NO	one) 2 MEDI	CAL EXAMINE	R: On the basis of a	camination and/or	Investigatio	n, In my op	pinion, de	ath occur	ed at the	fime, de	ta and placa, a	nd dua to th	e cause(s) and menner as stated.
W	296. SIGNATURE AND TITLE			16 0	,			29c, LICE	NSE NUN	IBER				(Month, Day, Year)
00	1/0 . /N/ ·	de // Se) 4	MA ULL	- 1		- 1	10	710	-		1 .	1_	1 -

4 Homicide	8 Could not be dafarmined	building, etc. (Specify)	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
29a. CERTIFIER 1	CERTIFYING PHYSICIA	N: To the best of my knowledge, death occurred at the filme, data and place, an	nd due to the cause(s) and manner as stated

k only	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as a	tated.
	MEDICAL EXAMINER: On the heale of examination and/or investigation in an existence of examination and investigation in the second of examination and investigation in the second of examination and investigation in the second of examination and investigation in the second of examination and investigation and investigat	

296. SIGNATURE AND TITLE OF GERTIFIER DZ190 thending

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ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HO Y660 Carroll Ave # 780

(Month, Day, Ybar)

33, REGNITARY'S SIGNY, DEC. Takouna Park

'92

DHMH-18 Rev 1/89

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1 - STATE REGISTRAR	7
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SUBUREAN HOSPITAL SUBUREAN HOSPITAL BETHESDA Me. GITY. TOWN OR LOCATION WASHINGTON, D. C. 106. CITY. TOWN OR LOCATION WASHINGTON, D. C. 107. TOWN OR LOCATION WASHINGTON, D. C. 108. STREET AND NUMBER 4740 CONNECTICUT AVENUE, N. W. 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEMBER STATUS 12. WAS DECEMBER STATUS 13. MARITAL STATUS 14. MARITAL STATUS 15. MICROPHY MARITAL STATUS 16. CONNECTICUT AVENUE, N. W. 17. WAS DECEMBER OF HOLE AND LOCATION 17. WES DECEMBER OF HOLE AND LOCATION 18. MICROPHY OF MARITAL STATUS 19. WEST ONCOURSED. 19. WES DECEMBER OF HOLE AND LOCATION 19. WES DECEMBER OF HOLE AND LOCATION 19. WEST DECEMBER	ING 10d. INSIDE CHUMITS? 1 N YES 2 1 EN OF WHAT COUNTRY? S.A. 14. RACE — American India Black, White, etc. Specify: WHITE STRY ING Code) 008 by or Town, Stata HINGTON, D. C
ST9-50-9489 SERVITY NAME (or not institution, pin where and number) SERVITY NAME (or not institution, pin where and number) SERVITY NAME (or not institution, pin where and number) SERVITY TOWN OR LOCATION SECTITY, TOWN OR LOCATION OF DEATH SECOND SERVITY TOWN OR LOCATION MASHINGTON, D. C. SOLOMA STREET AND NUMBER 100. 20P CODE 101. 20P CODE 20008 102. CTTY, TOWN OR LOCATION WASHINGTON, D. C. SOLOMA 100. 20P CODE 101. 20P CODE 20008 103. CTTY, TOWN OR LOCATION WASHINGTON, D. C. SOLOMA 100. 20P CODE 100. 20P CODE 100. CTTY, TOWN OR LOCATION WASHINGTON, D. C. SOLOMA 100. STREET AND NUMBER 110. AND CODE	ENG COUNTY) NORFOLK, VII TY OF DEATH IT OF DEATH IT OF DEATH IT OF WHAT COUNTRY? IN YES 2 IN EN OF WHAT COUNTRY? S.A. 14. RACE — American India Black, White, etc. Specify: WHITE STRY LNG Code) 008 by or Town, State HINGTON, D. C
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IMMEDIATE CAUSE (Final disease or condition resulting in death) AFTASTATIC CANCER to BONES	C. 20016
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MAINER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OF CO.	Jea
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3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, term, street, tectory, office 26s. LOCATION (Street and Number of Num	Quest Court At
4 Homfolde determined City or Town, State)	riurai riouta Number
29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of my browledge death account of the life.	nurei rioute Number,
29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as state one) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the	
29b. SIGNATURE AND TITE OF CERTIFIED	
29c. LICENSE NUMBER 29d. DATE	cause(s) and manner as sta
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 CDDs, Print) DATET	
TAILL, THE	cause(s) and manner as sta
31. DATE FILED (MONTH, Day, Mar) 132/POPUSTOR OF SCHANING MONTH OF	cause(s) and manner as sta
EER 5 '97	cause(s) and manner as sta

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21203-3146	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 July after death, Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DR A	DIREC	Item
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TO BE COMPLETED BY FUNERAL DIRECTOR

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the m	l
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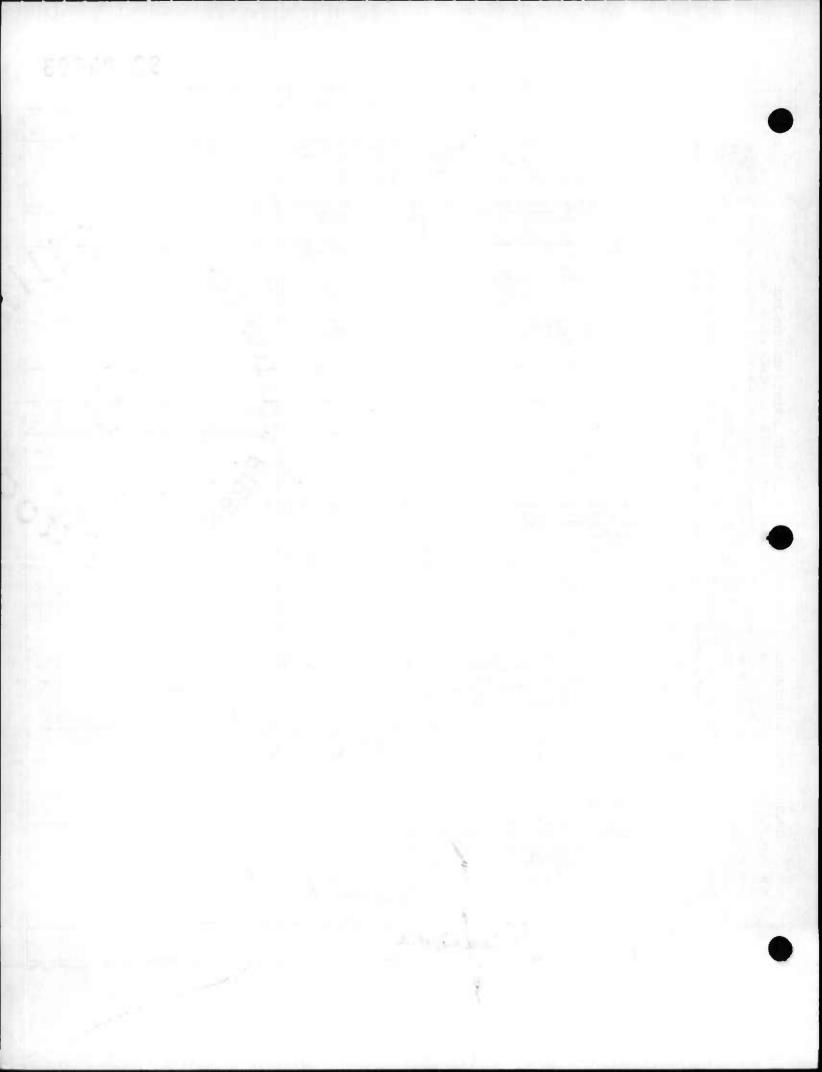
	1 - STATE REGISTRAR		CERTIFI	CATE (OF DEATH	REG. NO).			
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH		
	HELMUT JEROME	SULKOVSKY				JANUARY	2:30 A M			
						7. DATE OF BIRTH	RTHPLACE (State or Foreign			
	011-18-1107	1 M 2 D F	71 YRS.		YS HOURS MIN.	(Month, Day, Year) MAY 10,1	920 M	Massachusetts		
DIRECTOR	90. FACILITY NAME (If not institution, give st NIH, THE CLINICAL				ESDA,	EATH	9c. COUNTY OF			
ᇤᅵ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CITY	TOWN OR L	OCATION			10d. INSIDE CITY		
Ĕ	MARYLAND MONTGO			HESDA				LIMITS?		
	10e. STREET AND NUMBER	AILKI		IILODA	101, ZIP COOE		10g. CITIZEN O	F WHAT COUNTRY?		
FUNERAL	9203 SHELTON STRI				2081	7	Unit	ted States		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 14X YES IF YES, GIVE WAR OR World War	DATES	If yo	DECENDENT OF HISPAR s, specify Cuben, Mexico YES 2 NO Specifi	n, Puerto Rican, etc.)		ACE — Americen Indien, leck, White, etc. pecify: WHITE		
유	15. DECEDENT'S EOUC (Specify only highest grade	CATION	16e. DECEDENT'S U	SUAL OCCU	PATION	16b. KIND OF BI	JSINESS/INDUSTR	Y		
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 6+)	ille. Do NOT use	retired.)	g most of working	Comptr	oller Of	fice		
릴		2	Director	of I	nvestment	Naval	Departme	ent		
S S	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
0	Tip Tree Fi	ranz Josef S	Sulkovsky			Anna	Dubchek			
BE	19a. INFORMANT'S NAME (Type/Print)			ADORESS (St	reet and Number or Rural			,		
2	HELEN SULKOVSKY		9203	Shel	ton Street	Bethesda	. Maryla	nd 20817		
	200 METHOD OF DISPOSITION	2			30, 1992		OCATION — City o			
	1 ♣ Buriel 2 ☐ Cremetion 3 ☐ Remo	oval from State	other place) Ja Fort	nuary Linco	30, 1992 In Cemeter	v B	rentwood	, Marvland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAM ROD	ert A. Pum hesda-Chev nue Bethes	phrey Fun	eral Hom	e/		
	Deure J	Kenhet	M00335	Ave	nue Bethes	da, Maryl	and 2081	7 Wisconsin		
CERTIFICATION	ahock, or heart fellute. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
E	reaulting in deeth) LAST	. Pulm	orang	Zn	ulyted m	-1				
	PART II. Other significent condition	a contributing to death	but not resulting i	n the unde	riving cause given in	Port I 24e WAS 4	N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL						PERFO. 1 □ YES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH (C)	LACE OF DEATH (Check only one)						
Sic	EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER:	Homa 5 - Realdence	6 Other (Specify)				
РНУ	27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? (Month, Day, Year) (Month, Day, Year))		
ED BY	2 Accident Investigation 3 Suicide 4 Homicide 6 Could not be determined 28. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)							val Route Number,		
LE	29a. CERTIFIER (Check only	CIAN: To the best of my kno	owledge, death occurre	d at the time	date and place, end due	to the ceuse(e) end m	anner se stated.			
COMPLETED	one)							ise(s) end manner as stated.		
TO BE (E NAME AND APPRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) /Ema	Print)	29c LICENSE NU	mber 1839 <i>CF</i>	29d. DATE SIG	NEO (Month/Day, Year)		
	SUS AN JERI	. >			LE PIKE, E	ETHESDA, M	ARYLAND	20892		
	JAN 31 '92	32. REGISTRIATS BY	CHATURD							

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	UNCOTAL DO ATTENDIAL DANKICIAN. The law sentitive that the death certificate to executed within 2s brune

1. DECEDENT'S NAME (First, Middle, Last)							D			
					MON			YEAR	TIME OF	
4. SOCIAL SECURITY NUMBER	Hester M.	Smithey E (In yrs. lest birthday)					3, 19		5:4	
	1 M 2 K F		IF UNDER 1	YEAR IF UNDER 24 H DAYS HOURS MI	IN. (Mon	th, Day, Year)		B. BIRTHPLA Country)	ACE (State	
578-46-2314		88 THS.				e 12,	-		rasi	
96. FACILITY NAME (if not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DE									Н	
5306 Burling Terrace Bethesda RESIDENCE OF DECEDENT 104. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Bethesda								lontgo	omer	
RESIDENCE OF DECEDENT										
Maryland Mo	ontgomery			Roth	esda				LIMIT	
	one gomery		_	101. ZIP CODE	Coda		I 10a CITIZE	EN OF WHA		
5306 P	ing Terrace			0.0	01.4					
10e. STREET AND NUMBER 5306 Burli 11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. W	AS DECENDENT OF HI	814	N7 (Reacify V		ted S		
III I TATAL MALIAGE & MALIAGE	FORCES? 1 YES		11	yes, specify Cuben, Mi	axican, Puerto	Rican, etc.)		Black, W	Inite, etc.	
3 Widowed 4 Divorced	ii izo, dive man on	DATES	,	☐ TES Z M NO S	респу:			Specify:	Whi	
15. DECEDENT'S EOU (Specify only highest grade		18e. DECEDENT'S	USUAL OC	CUPATION	16	b. KIND OF BU	JSINESS/INDU	STRY	AATIT	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT u	work done du	iring most of working						
	4	Pianis	t/Ora	anist	100		Chi	urch		
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)					S NAME (First,	Middle, Maide				
Ira	Mallory					race l	Benton			
104 INFORMANT'S NAME (Top (Orlor)	19b. MAILING	ADDRESS	(Street and Number or R					-		
Linda S. Elli	5306	Burli	ng Terrac	e Reth	chae	Marul	nd 7	1001		
20a. METHOD OF DISPOSITION	21	ON DI ACEANDOATE	OF DISPOSIT	ION /Name of	O.A.	TE 20c L	DCATION — CH			
4 Donation 6 Other (Specify)	1 Burial 2 & Cremation 3 Removel from State Camatany or other place) February 5 1992									
21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	Homegon	22, N	AME AND ADDRESS O	F FACILITY		ethesa	a, Me	ттут	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc. 755 Avenue Bethesda, Maryland 2081									Jisc	
M00335 Avenue Bethesda, Maryland 20814 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdical or respiratory arrest, Approximately Chase, Inc. 7557 Wiscon Approximately Chase, Inc. 75										
resulting in death)	DUE TO (OR AS	ACONSEQUENCE O								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									-	
cause. Enter UNDERLYING										
CAUSE (Disease or John)	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO (OR AS								1	
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS									
that initiated events resulting in death) LAST	d		in the und	arhing agues ghas	n in Bort I	I aa- uma a		T		
that initiated events resulting in death) LAST	d		in the und	erlying cause give	n in Part I.	24a. WAS AI PERFO	N AUTOPSY RMED?	AM	AILABLE I	
COLOUR ORTE	d		in the und	erlying cause give	n in Part I.		RMED?	CO	AILABLE I	
COLOUR ORTE	d		in the und	erlying cause give	n in Part I.	PERFO	RMED?	COL	MPLETIO DEATH?	
COLOUR ORTE	d		in the und			PERFO	RMED?	COL	MPLETION DEATH?	
PART II. Other significant condition	d	but not resulting	OTHER:	28. PLACE OF DEATH	1 (Check only a	PERFO 1 YES	RMED?	COL	MPLETIO DEATH?	
that initiated events resulting in death) LAST PART II. Other significant condition COLOUGY ORTE	d	but not resulting	OTHER:	28. PLACE OF DEATH	1 (Check only o	PERFO 1 YES ne)	RMED? 2 ⊠ NO	COI OF	MPLETIO DEATH?	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending 17 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to be filed within 72 hours after death with the State Dept. or Health and Mernal Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CERTII	FICATE	OF	DEATH		REG. NO			
		Myrtle V. Shrader								YEAR	3. TIME OF DEATH 12:22 P
BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 224-34-7953	1 🗌 M 2 🖾 F	M 2 K F 81 YRS. MONTHS DAYS HOURS MIN.							8. BIRTH Countr	PLACE (State or Foreign y) Virginia
	9a. FACILITY NAME (If not institution, give s 447 West Diamond RESIDENCE OF DECEDENT					rocation		н		ntyofo	
	MD Mon		1000	Cod to							10d, INSIDE CITY LIMITS?
	100. STREET AND NUMBER	tgomery		Gaith		zip code			10g. CIT	ZEN OF V	1 YES 2 NO
	447 West Diamon					20877	7			.S.A	
	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR (2 ANO	1	If yes, spe	ENDENT OF I	daxican, f	ORIGIN? (Specify Yes Puarto Rican, etc.)	or No-	14. RACE Black Speci	- American Indian, t, White, etc. ty: White
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT* (Give kind of	work done of	CCUPATIO	N st of working		16b. KIND OF BU	SINESS/INC	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		ewife	2			Home	!		
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	'S NAME	(First, Middle, Maiden	Sumame)		
	Harvey Burress Ina Dillow 190. INFORMANT'S NAME (Type/Print) 190. MAIN ING ADDRESS (Street and Mumber of Paril Sept. Matter City. 2014)										
2	199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Linda Kidwell 14004 Travilah Road, Rockville, Maryland 20850										
	20a, METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION Warre of										
	1 State 2 Cremation 3 Ramoval from State Commetery, cremetery, cremetery or other piece) 4 Donation 5 Other (Specify) Rest Haven Cemetery 2-4-1992 Frederick, MD 22. NAME AND ADDRESS OF FACILITY										
	DeVol Funeral Home 10 East Deer Park Dr., Gaithersburg, MD										
	23. PART I. Enter the disesses, prosphock, pr heart failure. I IMMEDIATE CAUSE (Final disesse pr condition resulting in death)	omplications that cause List only one cause on e	ed the desth. Do	not enter	the mod	de of dying	, such s	s cardisc or respi	ratory arr	est,	Approximate Interval Between Onset and Death
NOI	DUE TO (OR AS A CONSEQUENCE OF): Consequentially list conditions, b. Discon										
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that Initiated eventa resulting in death) LAST										
CE	d. PART ii Other significant conditions contain also to death										
PHYSICIAN: MEDICAL	PERFORMED? AWAILABLE PRIOR COMPLETION OF C DF DEATH?								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
	TE WILL CASE DESCRIPTION OF MERCALL										
SICI	EXAMINER? 1 YES 2 X NO	HOSPITAL:	patient 3 🗆 DOA	OTHER		ACE OF DEAT					
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Yber) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED WORK?									
	a Deutsta	Accident Investigation Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28st. LOCA							CATION (Street and Number or Rural Route Number, y or Town, State)		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dennis/C. Friedman, M.D., 15225 Shady Grove Road, #201, Rockville, MD. 20850 32 JEGSTRATS SIGNATURE PONDER

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29d. DATE SIGNED (Month, Day, Year)

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	*	Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 7: 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	92	04805
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1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND MEN	ITAL HYGIENE 92	04805
1. DECEDENT'S NAME (First, I	ot Stace			PATE OF DEATH DAY	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBE O 6 2 - 10 - 5 90. FACILITY NAME (If not inst	747 10 M 2 DF	8 Z YRS. MONTH	B DAYS HOURS MIN,	1-9-09 U	BIRTHPLACE (State or Foreign Country) UAShington
HOLY Cro	SS HOSPITA	41 5	TY, TOWN OR LOCATION OF DEATH	vg mo	ntg cmery
	Montgonery	10c. CITY, TOWN	ON A PAIK		10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO}\) NO N OF WHAT COUNTRY?
10e. STREET AND NUMBER 7051 11. MARITAL STATUS	Arro LL AVE	# 808	20917 3. WAS DECENDENT OF HISPANIC O	RIGIN? (Specify Yee or No.— 14	SA-
3 Widowed 4 Divorce	1 Never Married 2 Merried FDRCES? 1 YES 2 NO If yes, specify Quben, Mexican, Put 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 ND Specify:			erto Rican, atc.)	Specify: DAPANESE- Amenican
	DENT'S EDUCATION highest grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work dor lite. Do NOT use retired	ne during most of working	TENS	L ANCC
17. FATHER'S NAME (First, Mid	the Last) -60RO TA	KAYOShi	18. MOTHER'S NAME (I	First, Middle, Melden Surneme) 20 A O 1	KURA
DENNIS	J. Starr	1006 St	SS (Street and Number or Rural Rouge NOUNKE Rd	· BALTIMOY	E md 21207
20e. METHOD OF DISPOSITIO 1 ☐ Burlel 2 D Cremation 4 ☐ Donation 5 ☐ Other (5 21. SIGNATURE OF FUNERAL	Specify)	b. PLACE AND DATE OF DISP	HAN Cremate		Hexanona
22 BARY I Enter the die	Lul 213	ylu T	Carroll St	NW Wish	ington, DC 200
IMMEDIATE CAUSE (Fine disease or condition		each lina.	er the mode of dying, such as	cardiac or respiratory arrea	Aβproximate interval Between Onset and Daath
resulting In death)		a CONSEQUENCE OF):	sin		12/92
If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events. Due to (or as a consequence of): Due to (or as a consequence of):				1/2
that initiated events resulting in death) LAST	a. Myph	03/01/03/3			1142
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	Onditional contributing to death to	out not resulting in the	underlying cause given in Part	I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL HOSPITAL: 1 N Inpatient 2 ER/Outs	ortlant 2 DOA 4 DA			
27. MANNER DF DEATH 1 Netural 5 Pr 2 Accident In	28e. DATE OF INJURY	28b. TIME OF INJURY	ursing Home 5 Recidence 6 20c. INJURY AT WORK? 1 YES 2 ND 20d	Other (Specify) DESCRIBE HOW INJURY OCCUP	RED
Cold not be determined 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, and death occurred at the time,					Rural Route Number,
29a. CERTIFIER (Check only one) 2 MEDIC	YING PHYSICIAN: To the best of my know				ouse(a) and menner oa stated.
296. SIGNATURE AND TITLE O	TEMO		D 1772		IGNED (Month, Day, Year) 7 9 2
	PERSON WHO COMPLETED CAUSE OF DE	21 Coleur, 11	Ra SS, Ma	20910	
FFB 10 '9					

Description of Street Consider Street Landson

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	certifi	fing p	yglen	oth
	eath	attend	rtal H	Y, 07
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	IEALTH AND	MENTAL HYGI		92 04806	
		Augusta J	ones Swar	ts	onts	2. DATE OF DEATH		YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-18-1807	1 □ M 2 💢 F 9		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH APRIL 1,	1895	e. BIRTHPLACE (State or Foreign Country) Marvland	
TOR	Shady Grove Adventist Hospital			CITY, TOWN OR LOCATION OF DEATH		se county of DEATH Montgomery			
COMPLETED BY FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	UNTY 10c, CITY, 1		TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	301 Russell Avenu				101. ZIP CODE 20877			10g. CITIZEN OF WHAT COUNTRY? United States	
	11. MARITAL STATUS 1 Never Married 2 Married 3 XXWidowed 4 Divorced				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puerto Rican, stc.) 1 YES XXNO Specify:			ea or No- 14. RACE — American Indian, Black, Whita, atc. Specify: White	
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		k done during mo etired.)	ON st of working		BUSINESS/INDI		
MP	17. FATHER'S NAME (First, Middle, Last)	2	Secre	tary		Legal			
BE CC	Harvey S. Jones				Mary	AME (First, Middle, Meiden Surname) Emma Scarborough			
10	190. INFORMANT'S NAME (Type/Print) Robert Harvey Jon	es	196. MAILING AI 1406 E1	len Gle	nd Number or Aural i	Towson,	Town, State, Zip Marvla	code) nd 21204	
	20e. METHOD OF DISPOSITION 1 Burial 24X Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of			DATE 20c.	LOCATION — City or Town, State Liver Spring, Maryland				
	22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. 933 Gist Ave., Silver Spring, MD 209								
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused that deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	contributing to death i	out not resulting in	tha underlying	cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	eck only one)			
YS.	1 YES 2 NO	1 Inpatient 2 NER/Out		THER:	5 - Residence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 No.			PK?	28d. DESCRIBE HOW INJURY OCCURED			
	3 Suicida 6 Could not be 4 Homicide determined					281. LOCATION (Street and Number or Rural Route plumber, City or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my know	riedge, death occurred a	n my opinion, de	and place, and due	to the cause(a) and i	nanner as state		
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNET				SIGNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	212	WISC	ensin	Page	tende my	
	31. DATE FILED (Month, Day, Year) FFB 6 '92	Az REGISTRAR'S SIGN					140		

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TO BE COMPLETED BY FUNERAL DIRECTOR
ATIO

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERI	IFICA	TE OI	DEATH	F	EG. NO.			
i	1. DECEDENT'S NAME (First, Middle, Last)		d				2. DATE OF MONTH	DEATH	,	YEAR	3. TIME OF DEATH
	LORE	TTA M.	STERLI	NG			Feb.	6,	199	92	10:15 A. M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthd	lay) IF U	NDER 1 YEAR		7. DATE OF		- 1		PLACE (Stete or Foreign
	220–26–7738	1 M 2 X F	75 YR				May 8	, 191			rginia
E O	90. FACILITY NAME (If not institution, give str Home - 26348 Mar:			Ob. CITY, TOWN OR LOCATION OF DEATH Crisfield, MD Somerse							
اق	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100	DC. CITY, TOWN OR LOCATION 10d. INSIDE CITY							104 INCIDE CITY
E		erset	1000		risfi						LIMITS?
21	Maryland Some	ersec		<u>C.</u>		Of, ZIP CODE		-	10- CITIZI	EN OF W	/HAT COUNTRY?
FUNERAL DIRECTOR	26348 Mariners Rd	•				21817				U.S	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	٠		CENDENT OF HISPA			or No-	14. RACE Black	— American Indien,
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR I				Speci		it, att.)		Spech	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDEN	IT'S USU	AL OCCUPATIONS I	TION nost of working	18b, KII	OF BUS	INESS/INDU	STRY	
۳ ا	Elementary/Secondery (0-12)	College (1-4 or 5+)	Housev		rea.)		Ho	m-0			
M	Grade 6 -		nousev	vire		18. MOTHER'S N			Surnama!		
BE CC	William Keyser						Tawes	ne, Avenuori C	surrierro		
TO B	19e. INFORMANT'S NAME (Type/Print)	(Daughter)	19b. MAII	LING ADD	RESS (Stree	t and Number or Rural	Route Number,	City or Town	, Stete, Zip (Code)	
-	Emma Rae Sterling					a,b,c,d,e	f,q				
	20s. METHOD OF DISPOSITION 02_0	9-92 ovel from State	other place)			semetery, crematory or			CATION — C		
	4 Donetion 5 Other (Specify)	- 50	unyrid	ge Me		al Park			risfi	ield	, MD
	21. SIGNATURE OF INCHAL SERVICE LY	ult			Brad	shaw & Sc	ns Fun				01017
	23. PART I. Enter the diseases, Dr c	radshaw, Ji.		Do not a		W. Main S					21817
	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	list only one cause on	each line.								Interval Between Onset and Death
	resulting in death)	Metas DUE TO (OR AS	A CONSECUENC	¥ 06)	· ·						-
_	_	Break	at Ca	٠,٠٠٠							j
<u>ا</u> و	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENC	E OF):							
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury										
	that initiated events	DUE TO (OR AS	A CONSEQUENC	E OF):							
50		1									
EDICAL CERTIFICATION	PART II. Other significant condition	contributing to death	but not result	ing in th	e underly	ing cause given in	Part i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
100							1	YES 2	NO		COMPLETION DF CAUSE DF DEATH?
Σ							_				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				24	PLACE OF DEATH (C	back celt ceel				
S	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	trationt 3 🗆 DV		HER:	ome 5X Residence		necital			
¥	27. MANNER OF DEATH	28s. DATE OF INJURY	28b	. TIME OF	28c. I	NJURY AT	28d. DESCR		NJURY OCC	URED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY		WORK? YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp		rm, stree	t, factory, of	fice		ON (Street e lown, State)	and Number o	or Rural F	Route Number,
COMPLETED	TOTAL DENY	CIAN: To the best of my kno									e) end manner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES					29c. LICENSE N	MBER		29d. DATE	відмер	(Month, Day, Year)
O BE	Talken					D29	105		12	17	192
5	30. NAMI MO DORESS OF PERSON WH Chrastjon Huddles					- Salish	nirv. M	D 2	1801	-7	
	31. DATE FILED (Month, Day, Year)					CATTON	,				
	FEB 7 '92	32. REGISTIAN'S SIG	undson-A	andal	2						

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or aftending physician DIVISION OF VITAL RECORDS, P.O. BOX 68760,

			5. SEX	6. AGE (In yrs. I					04.400					
I	578-46-969 9a. FACILITY NAME (# no		1 🗆 M 2 😿 F	84			DAYS	IF UNDER	MIN.	11-	OF BIRTH 1, Day, Year) L1—190		Country)	ACE (State or Foreign
HOL	HEBREW HOM	E OF G		SHINGTO	ON	POCK			ON OF DE	ATN		1	TY OF DEA	
- DIRECTOR	MARYLAND	MONT	GOMERY			TOWN OR		ION						Dd. INSIDE CITY LIMITS?
IERAL	6111 MONT		OAD			101. ZIP CODE 20852						10g. CITIZEN OF WHAT COUNTRY? UNITED STATES		
BY FUN	11. MARITAL STATUS 1 Never Married 2 [3 Widowed 4 D		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	NO	1113	S DECE	ENDENT O	F NISPAN	i, Puarlo I	? (Specify Yellican, etc.)	-	14. RACE — Black, V Specify:	American Indian, Vhita, atc.
PLETED	15. Di (Specify of Elamentary/Secondary	ECEDENT'S EDI inly highest grad (0-12)	UCATION le completed) College (1-4 or 5 +	-)	Give kind of wo	ork done dur retired.)	ring mos	t of working	7			FOOD		CTDV
E COMP	17. FATNER'S NAME (First,		MI ED	1 12	иссити	NG DI	IREC	18. MOTN		AE (First, A	fiddle, Malden		TNDU	SIKI
10 BE	19a. INFORMANT'S NAME	E STA (Type/Print)	MLEK	19	96. MAILING A	ADDRESS (S	Street an			GAN oute Numb		vn, State, Zip (Code)	
	RONALD ST 29r. METNOD OF DISPOS 11 Burlel 2 Creme	ITION Non 3 🗆 Ren	(SON)	20b. PLACE	1437 I	P DISPOSITI	ON (Nan	ne of		DAT	20c. LO	CATION - C	lty or Town,	, State
	4 Donation 8 Oth	IAL SERVICE L		KING	DAVID	MEMO 22. NA	ME AND	DADDRES	S OF FAC	ILITY				
	DANZANSKY-GOLDBERG MEMORIAL CHAPELS, IN 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 208 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximately and the complex of the													
	IMMEDIATE CAUSE (F disease or condition resulting in death)		a. OUE TO	se on each lin	-di	00					*	acus	2	
RTIFICATION	disease or condition	itiona, edlete YING jury	a. OUE TO (Ca	EOUENCE OF):	00					*	260	2	
DICAL CERTIFI	disease or condition resulting in death) Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA PART II. Other eignific	itiona, ediete viNG jury ST	a. OUE TO (b. DUE TO (c. DUE TO ((OR AS A CONSE	EOUENCE OF:	the unde	cur	Cause of	Dar		24a, WAS AN PERFOR	AUTOPSY IMEO?	AM CO	Onset and D
: MEDICAL CERTIFI	disease or condition resulting in death) Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA PART II. Other eignific	itiona, ediete viNG jury ST	b. DUE TO ((OR AS A CONSE	EOUENCE OF:	the unde	cur	Cause of	Dar		Des	AUTOPSY IMEO?	AM CO OF	Onset and D
: MEDICAL CERTIFI	disease or condition resulting in death) Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA PART II. Other eignific	itiona, ediete ying lury ST	b. DUE TO (c. DUE TO (d	(OR AS A CONSE	EOUENCE OF:	the under	erlying 26. PLA	cause gl	Ven in P	Part I.	24a. WAS AN PERFOR	AUTOPSY IMEO?	AM CO OF	Onset and Di
PHYSICIAN: MEDICAL CERTIFI	Sequentially list condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated eventa resulting in death) LA PART II. Other eignific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	itiona, ediete ying strong lury strong lur	b. DUE TO ((OR AS A CONSE	EOUENCE OF:	the under the third the th	26. PLA	Cause gl	ven in P	Part I.	24a, WAS AN PERFOR	AUTOPSY IMEO?	AM CO OF	MPLETION OF CAUS DEATH?
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated eventa resulting in death) LA PART II. Other eignific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 STANDARD CONTRACTOR CONT	itiona, ediete ying structure struct	a. OUE TO (b. DUE TO (c. DUE TO (d	(OR AS A CONSE	EOUENCE OF: EOUENCE OF: EOUENCE OF: TOUENCE OF:	the under the street of the st	26. PLA 26. PLA 27. INJUING WOR	cause gl	ven in P	Part I.	24a. WAS AN PERFOR 1 VES 2	AUTOPSY IMEO? NO NJURY OCCU	AW CO OF	Onset and E
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in desth) LA PART II. Other eignific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH Natural 5 2 Accident 3 Suicida 8 4 Nomicide 29a. CERTIFIER (Check only)	itiona, ediete ying lury ST ST ST ST ST ST ST ST ST ST ST ST ST	a. OUE TO (b. DUE TO (c. DUE TO (d	(OR AS A CONSE (OR AS A CONSE	EOUENCE OF): EOUENCE OF): FOUENCE OF): Tesuiting in 20b. TIME INJUGE Ome, farm, street	the unde	28. PLA g Home WORI U VE office offic	CE OF DE. 5 Ras RY AT KY KY S 2	ven in P ATN (Check Idenca 8 NO	Part I. Dik only one District Description District	24a. WAS AN PERFOR 1 YES 2 (Specify) TION (Street a Town, State)	AUTOPSY IMEO? I NO NJURY OCCU Ind Number or	AW COOP 1 1 [I I I I I I I I I I I I I I I I I	Onset and D
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or are	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use a be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Daviel Jakes

31. DATE FILED (Month, Day, Year)
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	irst, Middle, Lest	Lilly R							2. DATI MON'	OF DEATH	9	YEAR 2	3. TIME OF OEATH 8:10 p
4. SOCIAL SECURITY NO		5. SEX	6. AGE (In yrs. 98		IF UNDER	DAYS	IF UNDER	24 HRS.	(Mon	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
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RESIDENCE OF D	10b. COUN			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
VA.		RFAX CO.				ANN	IANDA	ALE					LIMITS?
10s. STREET AND NUMB		G ARTHUR	RD.			101	. ZIP CODE	2200	03			U . S	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 D		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	PMED	13.	WAS DEC	ENDENT O	F HISPAN n, Maxica Specify	NIC ORIGI in, Puerto y:	N? (Specify Ye Rican, etc.)		14. RACE Black	E — American Indian, k, White, etc.
15. D (Specify	ECEDENT'S EO	UCATION le completed)	16a. C	DECEDENT'S	USUAL O	CCUPATIO	ON .		161	. KIND OF BU	SINESS/INC	USTRY	
Elementary/Secondary		College (1-4 or 5 +	·)	(Give kind of vite. Do NOT us		AKE		9		ΔТ	ном	E	
17. FATHER'S NAME (First,		COMPA		11(ER'S NAI	ME (First,	Middle, Maiden	Sumame)		2 DMII
PED 19a. INFORMANT'S NAME		. SONEN		19b. MAILING	ADDRES	S (Street e	and Mumbar		ERET	H L			SETH
REV.DR.	REICH	ARD		970	L-VE	EIRS	DR	, RO	OCKI	ILLE	, MD .	2085	50
REV.DR. REICHARD 9701-VEIRS DR., ROCKVILLE, MD. 20850 20s. METHOD OF DISPOSITION 1X Burtlel 2 Cremetion 3 Removal from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) DATE 20c. LOCATION — City or Town, State													
200. PLACE AND DATE OF DISPOSITION /Name of DATE 200. LOCATION — City or Town State										7 17			
4 Donation 5 Dott	ver (Specify)		COL	MAN (22.	ETER NAME AN THE	HYS(S OF FAC	CO.	,INC	•		
4 Donation 5 Ott 21. SIGNATURE OF FUNE 23. PART i. Enter the	RAL SERVE	CENSEE 10011011111111111111111111111111111	COL	MAN (22. T	ETER	HYSO	S OF FAC	CO.	, INC	· ASH	. DC	20005
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MAR		ARTMEN				MENTAL HYGI REG.			
1. OECEOENT'S NAME (First, Middle, Last) HAZEL WILEY	THOMPSON	1					2. DATE OF DEATH MONTH Feb. 12,	DAY	YEAR	3. TIME OF DEATH 3:05 AM M
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthde	MONTHS	R 1 YEAR	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Yea	r)	Country	
179-20-6845		4 YRS		W TOWN	OR LOCATI	011 05 5	Mar. 27		Penr	nsylvania
Bel Air Convales			98. CIT		Air		EAIN		larfor	
RESIDENCE OF DECEDENT	Jerie Gerieer	•		101	· /\LL			Harioid		
Maryland H	arford		CITY, TOWN Bel A		TION					10d. INSIDE CITY LIMITS? 1 YES 25 NO
100. STREET AND NUMBER 39 Lake Drive				10	210			10g. CI	TIZEN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	13.	If yes, sp		nn, Mexic	NIC ORIGIN? (Specify an, Puerto Rican, etc.		Specif	- American Indian, White, etc. v:
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDEN (Give kind life. Do No Busin	of work done T use retired.)	during mo	ost of worki	ing	2011 1120250 111	erinar	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) Joseph Paul Wi	ley						AME (First, Middle, Me Love S	iden Sumame) mith		
19a. INFORMANT'S NAME (Type/Print) Jeanne T. Schmidt							Air, Md.		(Ip Code)	
20e. METHOD OF DISPOSITION Donation Donation Donation Section Donation Dona	oval from State	20b. PLACE AND Of cometary, crema Bel Air	tory or other	place)		ens	OATE 290	LOCATION -		vn, State
21. SIGNATURE OF FUNERAL SERVICE LIN	MA POD	min si	22 F:	NAME A	d K.	MC(Comas III	Funer	cal Ho	ome, P.A.
23. PART I. Enter the diseeses, or ahock, or heart feilure. IMMEDIATE CAUSE (Finel diseese or condition reaulting in death)	e. Metas		Ova			4		espiratory a	errest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	G	AS A CONSEQUENCE								
	ne contributing to deal Failur etis		ng in the u	indertyln	g cause	given i	PE	S AN AUTOPS' RFORMED?	Y 24b.	WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outpetlant 3 - 00	OTHE	ER		and the second	heck only one)			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	JRY 26b.	TIME OF INJURY M	28c. IN	JURY AT ORK?		28d. OESCRIBE H		CCURED	
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJ building, etc.	JURY — At home, fac (Specify)	rm, street, fa	ctory, offi	ce		261. LOCATION (S City or Town,		per or Rural F	loute Number,
enel only	ER: On the best of my l) and manner as stated.
29b. SIGNATURE AND SPECIFIC	MD	AL L				3 Y	JMBER 652	29d. D	ATE SIGNED	(Month) Day, Year) Z/9Z
30. NAME WID ADDRESS OF PERSON WI	S. HASWE	F DEATH (ITEM 27) (O BOU	ulti	NS	7.	BelAir	MDS	HOIL	1
FEB 12 °92	32. REGISTRAR'S	signature avidion-Ran					,			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any after death. Page 6 may be relained by the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely and in by the funeral director, page 5 should be detached the fleel within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR	STATE OF MARYLA	ND / DEDARTM	ENT OF HEAL	TH AND ME	NTAL LIVOITHE		2 04811
1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lost)	STATE OF MARTLA	CERTIFICA		ATH 2.	REG. NO. DATE OF DEATH MONTH DAY		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER H26-78-5914 9a. FACILITY NAME (If not institution, give si	1 1 M 2 D F 7	YRS. MON	CHTY TOWN OR LO	IRS MIN.	DATE OF BIRTH (Month, Dey, Voer)	PG. COUNTY	IRTHPLACE (State or Foreign oursel) M 155 155) F DF DEATH L R O L 1
RESIDENCE OF DECEDENT 10e. STATE 10e. STREET AND NUMBER			WN OR LOCATION KESOU 107, ZIP	le	21-		10d. INSIDE CITY LIMITS? 1 YES 2 NO DE WHAT COUNTRY?
1303 Placid 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Druck 12. WAS DECEDENT EVER IN FORCES? 1 1 4 8 1 1 4 8 1 1 1 1 1 1 1 1 1 1 1 1	2 NO	13. WAS DECENDE If yes, specify	2178	ORIGIN? (Specify Year Juanto Rican, etc.)	or No — 14. [PACE — American Indian, Black, White, atc.
16. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	CATION completed) College (1-4 or 5+)	Ilfe. Do NOT use reti	ione during most of	working	U.S.	COCS.	
190 INFORMANT'S NAME (Type/Print)	Vaughn	19b. MAILING ADD		H	(First, Middle, Maiden S	Harr	er
20a. METHOD OF DISPOSITION 1 Burial 2 Seemation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from Stata	PLACE OF DISPOSITIO	Cremo 22. NAME AND AI Haight Fi	others of Facilianeral. Hon	re (P.O. B		UD 21784 or Town, State STROOD, MD
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	ch line.	nter the mode of	f dying, such a	784 (410)7 a cardiac or reapi	retory arreat,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated eventa resulting in death) LAST	c	CONSEQUENCE OF):					
11	a contributing to death bu	it not reaulting in th	e underlying ca	uae given in Pa	rt 1. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Inpetlant 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 2 D - C 28a. PLACE OF INJURY building, elc. (Speci	28b. TIME OF JAJURY	Nursing Home 5 28c. INJURY WORK?	-	Other (Specify)	NJURY OCCURE BOG Ind Number of A	+ RUBBER CHEMO
E H cool	Usllus	and/or investigation, in	my opinion, death		e, data and place, and	d due to the ce	since (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit polinus after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 26 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	certificate be executed with	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	other traumatic event
RECORDS, P.	requires that the death	been signed by the attend t. of Health and Mental H	shows any injury, or
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IMPORTANT: II

HOSPITAL OR ATTENDING PHYSICIAN; The

92 14812 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR inde Doroth 27 20:30 man 992 JS. SEX 6. AGE (In yrs. last bi IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 M 2 F 8-26-1903 Washington Drc 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1)ashing Montgomery Takoma Park RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY md MONTGOMERY TAKOMA PARK 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8105 FLOWER AVENUE 20912 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, atc.) BY 1 YES 2 NO Specify: 3X Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEOENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOMEMAKER once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) ENRICO FERRARO BE LAURA DAY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ELMER C. WURDEMAN (SON) 11501 OREBAUGH AVENUE SILVER SPRING, MARYLAND 20902 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 206. METHOD OF DISPOSITION

TV Burlet 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) DATE CEDAR HILL CEMETERY SUITLAND, MARYLAND 21. SIGNATURE OF FURENAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD. W. SIL. SPR. MD. 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Surance / No oue to (or as a consequence of): resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS iabetto mellite AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO nomid 1 YES 2 NO Seizure PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 YES 2 NO OTHER: 10 ne 5 🗆 Rasidence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) COMPLETED 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER R. Sair MD 29c. LICENSE NUMBER 2182 Me 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 11700 Old Calumbia Pike Silver ALan RiGair 31. DATE FILED (Month, Day Year)
FFR 4 92

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hois	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TAL (MLD	2	#
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포	HE FI	ed w	8
TO T	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	F

31. DATE FILED (MONTH, Day, Year)
FFB 7 92

	FOR	STATE OF I	AARVI AND /	DEDAG	TMENT	UE NE	ALTU	AND	MENTAL HYGII	.NE	92	04813
	1 - STATE REGISTRAR		CE	ERTIF	ICATE	OF I	DEAT	AND I	MENIAL HYGII REG. N			
	1. DECEDENT'S NAME (First, Middle, Last).	UCY	WADE	08	کو				2. DATE OF DEATH MONTH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 223-30-0288	5. SEX	8. AGE (In yrs. les	of birthday)	IF UNDER 1		IF UNDER	24 HRS. MrN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	
8	90. FACILITY NAME (If not Institution, give st KENSINGTON GARDEN	treet and number)		0	9b. CITY, 1			ON OF DE		9c. COL	INTY OF DE	
CTO	RESIDENCE OF DECEDENT		G HOVE			SING				MON	TGOME	KY
FUNERAL DIRECTOR	MARYLAND MONT	r GOMERY			y, town or NSTNG		ON					IOd. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER	COMBINE		1 1/14	NOTINO.		ZIP CODE			10g. CIT		IAT COUNTRY?
Æ	3000 MCCOMAS AVEN	VUE				20	895			US	A	
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2Y N		14.3	AS DECEN yes, spec	Ify Cubar	F HISPAN n, Maxica Specify	IIC ORIGIN? (Specify n, Puerto Rican, atc.)	Yea or No-		American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+	(Gi	ive kind of a Do NOT us	USUAL OCC work done du se retired.)	CUPATION ring most	l of working	g	16b. KIND OF E		DUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) FLANDRES HEROD	MOSELEY	7						ME (First, Middle, Maid MAGDLE IN		GHT	
TO B	19a. INFORMANT'S NAME (Type/Print) AUBREY WADE		198 P	O B	OX 61	Street and	Number of	or Rural F	Number, City or 1	iown, State, Zij	p Code)	
	20a_METHOD OF DISPOSITION 1	oval from State	20b. PLACE A cemetery, cree MI CO		of dispositi					LOCATION —		n, State VIRGINIA
	21. SIGNATURE OF TUNERAL SERVICE LIC	CN (Brh	1	22. NA D	EMAI	NE I	UNE LA	RAL HOMES VIRGINIA	, INC		111011111
	23_PART I. Enter the diseases, or c ehock, or haert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	n	se on each line.	نات	000				as cardiac or red	plretory sr	reat,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSEQ	QUENCE OF	-):							
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions	contributing to	0 1	eeulting I	n the unde	erlying o	ceuse gl	iven in i		AN AUTOPSY DRMED? 2 NO	C	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATHY YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLAC	E OF DE	ATH (Che	ck only one)			
YSIG	1 NYES 2 NO	HOSPITAL:	ER/Outpstlent 3	□ DOA	QTHER:	g Home	5 🗆 Res	idence i	Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Neural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	INJURY 19. Year) 5-92	286. TIMI INJI 1201	URY	8c. INJUR WORK 1 YES	(3	W O	28d. DESCRIBE HOW	INJURY OC	CURED	
	Suicide 8 Could not be detarmined	building, i	INJURY — At horate. (Specify)		treet, factory				281. LOCATION (Stree City or Town, State	t and Number	Ker	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER											and manner ea stated.
TO BE C	29b. SIGNATURE AND FULE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON MAD	Jun /	Que	me	>		9c. LICEN	ISE NUM				fonth, Day, Year)

DEATH (ITEM 27) (Type, Print)

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BALTIMORE, MARYLAND 21215-00;	×	2
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DS, P.O. BOX 68760	he death certificate be executed with	the attendion abscision and complete
RDS, P.O. BOX 68760	it the death certificate be executed with	he she attending the picing and complete
DRDS, P.O. BOX 68760	that the death certificate be executed with	ad he the attendion placinism and complete
CORDS, P.O. BOX 68760,	ires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending ph	the standard of the standard production and commission filled in the treatment describe a februarity to detection for use so the bu

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE OF DEATH		REG. NO.
E (First, Middle, Last)		2. DATE O	F DEATH

	1 - REGISTRAR	C	ERTIFICA	TE OF DEAT	Н	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) MAMIF INF.	BSTER			2. DAT MON	E OF DEATH	YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 8. SEX 1 № M 2 □ 1	6. AGE (In yrs. i	last birthday) IF UI YRS. MONT	DER 1 YEAR IF UNDER 2	HRS. 7. DATI	E OF BIRTH	8. B	IRTHPLACE (State or Foreign puntry) Virginia
TOR	9e. FACILITY NAME (If not institution, give street and number) Sulphy May May May Description of December 1	HOSPI		Chwin	OF DEATH		PAN	
DIRECTOR	10s. STATE 10b. COUNTY D. C.			n or location hington				10d. INSIDE CITY LIMITS? 1 Y YES 2 NO
FUNERAL	100. STREET AND NUMBER 515 Montana Avenue, N.	E. #2		101. ZIP CODE 200			U. :	S. A.
BY FUI	1 Never Married 2 Married FORCES?	PENT EVER IN U.S. 1 YES 2 E		13. WAS DECENDENT OF If yes, specify Cuben, 1 ☐ YES 2 ☑ NO	Mexican, Puerte			RACE — American Indian, Black, White, etc. Specify: Black
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	5+)	DECEDENT'S USUA (Give kind of work d life. Do NOT use retir Cafeteria	one during most of working ed.)	10	Federa		
COMPL	12 17. FATHER'S NAME (First, Middle, Leet) Unknown		areterra	16. MOTHE	er's name (First known	, Middle, Maiden S		rimenc ,
TO BE	19s. INFORMANT'S NAME (Type/Print)			RESS (Street and Number of	r Rural Route Nu			
-	Laverne G. Milton 20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State	20b. PLA		Newton St.	DA	TE 20c. LOC	ATION — City	or Town, State
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	namic	254	rial Park 22. NAME AND ADDRESS R. N. Hort 600 Kenned	on Co.		ians,	
RTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	TO JOH AS A CONST	SEQUENCE OF): SE	en a liseus	eng	stele		
DICAL CE	PART II. Other aignificent conditions contributing	to death but no	ot resulting in th	e underlying cause gi	ven in Part I.	24a. WAS AN A PERFORM		24b. WERE AUTOPSY FINE MAILABLE PRIOR TO
ME						1 YES 2	□ NO	COMPLETION OF CAL OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient	2 ER/Outpatient		26. PLACE OF DE		0.00		
BY PHYS	27. MANNER OF DEATH 28s. DATE (Mont	OF INJURY h, Day, Year)	28b. TIME OF	Nursing Home 5 Red 28c. INJURY AT WORK? 1 YES 2	28d, C	DESCRIBE HOW IN	JURY OCCURE	ED
ETED B	3 Suicide 28e. PLAC	E OF INJURY — Ating, etc. (Specify)	t home, farm, street	, factory, office	28f. L	OCATION (Street as ity or Town, State)	nd Number or R	tural Route Number,
COMPLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bar							use(s) and manner as sta
TO BE C	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	ALISE OF DEATH I	Alle	value D	-24	535	29d. DATE SK	28/92
	LAXMI SCRUCE 31. DATE FILED (Month, Day, Year) 32. EGIS	TRABIG SIGNATUR	00 M	ERCANTIL	E LA	WE L	AND	000x 207
	FFB 6 '92 Juli	Davidson	Agenda of					

All Fredrik Co.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)			0.11.		2. DATE OF DEATH		3. TIME OF DEATH
,	Sarah A. Ward					02 O		92 4:15 a M
		SEX 6. AGE (III	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	266-12-8123	□ M 2 F	74 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 07-11-17		FLORIDA
	9e. FACILITY NAME (If not institution, give street		/4	9b. CITY, TOWN C	R LOCATION OF OE		9c. COUNTY	
DIRECTOR	Greater Laurel/B		Hosp.	Laur	el		Prin	ce George's
E I	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
8	MD. Prince	e George's	5	LAUREL				1 X YES 2 NO
	10s. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER	13307 EDINBURG	SH LA. #4			20708		U.	S.A.
FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN			ENDENT OF HISPAN	IC ORIGIN? (Specify Yee		RACE — American Indian, Black, White, etc.
	I - Mayer married 2 - merried	FORCES? 1 YES			2 NO Specify	n, Puerto Rican, etc.)		Specify:
ВУ	3 Widowed 4 Divorced							White
回	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S I	ork done during mo	N st of working	16b. KINO OF BUS	SINESS/INDUS	TRY
Ë	The state of the s	ollege (1-4 or 6+)	ilfe. Do NOT use					150
COMPLETED	12		HOU	SEWIFE		AT	HOM	E
8	17. FATHER'S NAME (First, Middle, Last)	DDING				ME (First, Middle, Maiden		
8	JOSEPH W.	BRUNO				ELENA	CARRO	
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town	n, State, Zlp Co	de)
		TR.	SAM			#10		
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 K Cremation 3 ☐ Removal	from State	PLACE OF DISPOS other place)					or Town, State
	4 Donetion 6 Other (Specify)		HAMBERS	CREMA'	TORY 2/	6/92	RIVE	RDALE, MD.
	21. SIGNATURE OF PUREFIAL SERVICE CICENS	1	17	22. NAME AN	ID ADDRESS OF FA	CILITY	SILVE	R SPRING, MD.
	21.21 Cha	mbersia	MO00	91 W. 1	W. CHAM	BERS CO.		
	23. PART I. Enter the disesses, or com			ot snter ths mo	ds of dying, suc	h as cardiac or respi	retory srrest	
	shock, or hasrt failure. List IMMEDIATE CAUSE (Final	only one cause on sa	sen iins.					Onset and Death
	discoon or condition	Cardinger	nic Sho	ck.				
	Tosuting in death)	Cardioger DUE TO (OR AS A	CONSEQUENCE OF):				
z	b	Coronary			se, S/P	Bypass		
일	Sequantially list conditions, if any, lasding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury							
#	that initiated events resulting in dasth) LAST	OUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	d							
	PART II. Other significant conditions co	ontributing to death be	ut not resulting i	n the undarlyin	g cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
CAL	Renal Failure	secondary	to Bi	latera	Renal	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Artery Stenosi	s: Sentic	remia -	Stanh	Klehs		-X.o	OF DEATH?
2	Strep Viridans				RICOD	10114		1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	; Senile	Dement		ACE OF DEATH (Ch	eck only one)		1
S		OSPITAL:	etiant 2 700s	OTHER:				
۲ إ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM		URY AT	6 Other (Specify) 26d, DESCRIBE HOW I	NJURY OCCUE	RED
	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY WO	YES 2 NO			
BY	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF INJURY	— At home, farm, s			261, LOCATION (Street	and Number or	Rural Route Number.
	4 Homicide S Could not be	building, etc. (Spec	elfy)			City or Town, State)		
COMPLETED	29e. CERTIFIER							_
MP	(Check only one)	_						ause(e) end menner se steted.
8		The bost of examination	- enact investigation	in in in opinion, c			,	
8	296. SIGNATURE AND TITLE OF CERTIFIER	Ann			29c. LICENSE NUI			IGNED (Month, Day, Year)
은	30, NAME AND ADDRESS OF PERSON WHO CO	WD CAMER OF BE	ATLI /17014 a	Outest	D2275	5	02	/04/92
	Christine deLim	la, M.D.,	14201	Laurel	rark D	r., Laure	el, Mo	d. 20707
l l	31. DATE FILED (Month, Day, Year)	32 AERISTRATIS SIGN	The state of					
	FFR 6 '92							

FOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT

1 - STATE REGISTRAR		OINIE OF R	C	ERTIF	ICAT	E OF	DEAT	AND I	MENIAL	REG. NO			
1. DECEDENT'S NAME (First									2. DATE O	F DEATH			3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		DRED			SLICH				Febr	uary	Ž,199	32 ^{EAR}	1606
191-09-3556	6	5. SEX 1 M 2 X X F	6. AGE (In yrs. la	YRS.	MONTHS	DAYS	IF UNDER HOURS	24 HRS. MIN.	Dec.	26,	1907	o. BIRTH	PLACE (State or Foreign
98. FACILITY NAME (If not if Anne Arunde RESIDENCE OF DEC	el Hos					томн с	lis	ON OF DI	EATH			Aru	
Anne Arunde RESIDENCE OF DEC 100. STATE Penna.	10b. COUNT				y, TOWN C		on sport	;				T	10d. INSIDE CITY
		,					. ZIP CODE				10n CITI	ZEN OF W	1 YES 2 NO
10e. STREET AND NUMBER 612 Pittsbu 11. MARITAL STATUS	ırgh						1563				Uni		States
1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2X			If yes, sp	ENDENT O	F HISPAN Nexica Specify	NIC ORIGIN? in, Puerto Ric y:	(Specify Ye an, etc.)	a or No	14. RACE Black, Spectr	- American Indian, White, etc.
15. DEC (Specify onl Elementary/Secondary (C	EDENT'S EDU highest grade	ICATION completed) College (1-4 or 5 +) ((ECEDENT'S Give kind of the Do NOT un The Ma	work done o se retired.)	CCUPATIO	ON st of working	g		no of Bu	SINESS/IND		
17. FATHER'S NAME (FIRST, M Bernard Arbu									me (First, Mid				
19a. INFORMANT'S NAME (1			19	b. MAILING	ADDRESS	(Street a			Route Number,			Code)	
Ronald M. Wu					_			Sev	erna l	Park,	MD	2114	6
20a, METHOD OF DISPOSITI	Specify)		20b. PLACE cemetery, cu LTW1	AND DATE	her place 100	ceme	tery		2-7	N. Pen	HUNTI	lhgđo vania	h ^s Township
21. SIGNATURE OF FUNERA	SERVICE LI	h. X	7		Ra	app		al:	Servio			140	00040
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentielly liet condition if any, leeding to immediate. Enter UNDERLY!	one,	b. Cardi	Cancer OR AS A CONSE	ouence of	ailur	e.							Interval Between Onaet and Death
CAUSE (Disease or inju that initieted events resulting in death) LAS	ny S	C DUE TO (OR AS A CONSE	OUENCE OI	7):								
PART II. Other algorifice lung col	laspe	s contributing to	deeth but not i	resulting i	n the un	derlying	ceuse gl	iven in I		Ia. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
pleural	effis	ion							_ '	YES 2	XINO		OF DEATH?
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DE	ATH (Che	ock only one)				
	Pending	1 Inpstlant 2 I	NJURY	26b. TIMI	4 🗆 Num	ing Home 28c. INJU WOR	RY AT		8 Other (S		NJURY OCC	URED	
3 Suicide 6 G	Could not be setermined	28a. PLACE OF building, a	INJURY — At ho tc. (Specify)	me, farm, s	treet, facto		C3 2		261. LOCATION	ON (Street a fown, State)	and Number	or Rural Ro	ute Number,
29a. CERTIFIER (Check only one) 1 X CERTIFIER 2 MEDIC	FYINO PHYSICAL EXAMINE	CIAN: To the best of n	ny knowledge, da amination and/or i	sth occurre	d at the tir	ne, data : pinion, de	and place, a	and dua t	to the cause(s) and man	iner as state	d. ceuse(a)	and manner as stated.
29b. SIGNATURE NO TITLE	OF CERTIFIER	(,5~	_				29c, LICEN	330			≥ Fe	sioned (Month, Day, Year)
- NAME AND ADDRESS OF	FERSON WH		dge Ave			lis	MD	214	01				
31. DATE FILED (Month, Day,)	97	32 REGISTRAD	S SIGNATURE	odett.			, 110		-		·		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR				CERTIF	ICAIL	UF	DEAL	п		REG. NO).		
1. DECEDENT'S NAME (First, I	121								2. DATE MONT	DF DEATH	MY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBE	Mar	ian M.		Villia					Feb		0, 19	92	2:10 A
		1 M 2 K F	8. AGE (In yrs.		IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	(Monti	OF BIRTH h, Day, Year)		8. BIRTH Count	HPLACE (State or Foreign
149-01-2307			75	YRS.						22,	1916	CC	ONNECTICUT
9a. FACILITY NAME (If not inst					9b. CITY,	, TOWN DE	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	DEATH
5517 Old C		Hwy.				Uppe	r M	arlb	oro		F	G.	
	10b. COUN	TY		10c. CIT	TY, TOWN O	R LOCATI	IDN						10d. INSIDE CITY
MD.	PR'	INCE GEORG	TES		TID	ו מישם	MADT	DADA					LIMITS?
10e. STREET AND NUMBER		LINOL GLIOIR	ullo.	-	Ur.	PER I	ZIP CODE	-			100 017	TEN OF A	1 X YES 2 ND
5517 0	OLD CI	RAIN HWY					11 10						
11. MARITAL STATUS	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		T EVER IN U.S.	ARMED	13.1	WAS DECE	20 ENDENT 0		IC DRIGH	17 (Specify Ye		U.S.	
1 Never Married 2 No 3 Widowed 4 Divorce		12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 2	ND		f yes, spec	cify Cubar	n, Mexican	, Puerlo I	Ricen, stc.)	* O7 NO.	Black Spec	E — American Indian, k, Whita, etc. //y:
15. DECE	DENT'S ED	UCATION	16a, (DECEDENT'S	USUAL OC	CCUPATION	N		16b.	KIND OF BU	SINESS/INC	USTRY	MULTE
(Specify only in Elementary/Secondary (0-1		College (1-4 or 5 +)	(Give kind of life, Do NOT u	work done of se retired.)	during most	t of workin	g					
		4		GEMO	LOGIS	ST					JEWEI.	RY	
17. FATHER'S NAME (First, Mid	Idle, Last)					T	16. MOTH	IER'S NAM	AE (First, A	Aiddle, Maiden		411	
AUGUST		S. MOOH	RE					NF:V	ELLI	NE P	4. S	HAY	
196. INFORMANT'S NAME (Typ	oe/Print)			19b. MAILING	ADDRESS	(Street end	d Number			per, City or Tow			
LYDIA W	ILLIA	MS		SAM			TEM	#10					
20a. METHOD OF DISPOSITIO	ONN		20b. PLACI	EANDDATE				11 20	OATI	20c. LC	CATION —	City or To	win State
1 Donation 5 Other (S	Specify)	noval from State	CHAM	RERS	CRE	MATOR	RV	2/1	1/92		EVERD.		
21. SIGNATURE OF FUNERAL	SERVICE L	CENSEE						S DF FAC		77	r A TatADi	وتلبلتا	MD.
					44. 1	NAME AND	DADDRES	OF THE	ALU I Y				
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STATE OF MARYLANI	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	TH		REG. NO.

REGISTRAR		CLITT	FICATE (REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	E OF OEATH	MY	YEAR	3. TIME OF DE	ATH
ALYCE WESTON WHEEI	LER	100			Feb	ruary	3, 1	992	7:15	A
4. SOCIAL SECURITY NUMBER 710-12-1760	1 🗆 M 2 🖰 F	AGE (In yrs. last birthda 77 YRS	MONTHS DA	EAR IF UNDER 24 HF	7. DATE (Mon NOV	th, Day, Year)	1914	Count	PLACE (Stote or ny) ntucky	Foreign
9a. FACILITY NAME (If not institution, give st Malcolm Grow USAF RESIDENCE OF DECEDENT		enter		ws AFB,				nce	Georges	
10e. STATE 10b. COUNTY	e Georges		andover	OCATION					10d. INSIDE CI LIMITS? 1 XYES 2	
100. STREET AND NUMBER 1513 Jutewood Av	enue			101. ZIP CODE 20785					States	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 U IF YES, GIVE WAR	YES 2 NO	If yo	DECENDENT OF HIS e, specify Cuban, Me YES 2 NO S	dcan, Puerto		e or No—	Spec	E — American in k, White, etc. iiiy: B.C.K.	dien,
15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +) 5	16a. OECEDENT (Give kind life. Do NOT Teacl		PATION ng most of working		rince			County	
17. FATHER'S NAME (First, Middle, Last) William Weston				100	NAME (First, Thom	Middle, Maider	n Sumame)		1	A
19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING AOORESS (SI	treet and Number or R	ral Route Nun	nber, City or Tox	wn, State, Zip	p Code)		
Albert H. Wheeler		1513	3 Jutew	ood Ave.	Lando	ver, M	fary1	and	20785	
20a. METHOD OF OISPOSITION 1 Derial 2 Cremation 3 Remote 4 Donation 6 Other (Specify)	oval from Stata	other place)		of cometery, crometory al Cemete			ocation – Ltland		own, State aryland	
21. SIGNATURE OF FUNERAL SERVICE LIC	CHOCK		22. NAI	we and address our refund	FACILITY		~		2001	
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SALIMONE, MANIENDE, MANIENDE,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	TO THE H	TO THE FI	be filed w	IMPORT	

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CE Agnes C.	RTIFIC	ATE OF	HEALTH AND DEATH			DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-20-1925	5. SEX 1 M 2 N F	6. AGE (In yrs. lest i		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HR	S. 7. DAT	E OF BIRTH oth, Day, Year)			PLACE (State or Foreign
TOR	9a. FACILITY NAME (N not Institution, give 10139 Riggs Road RESIDENCE OF DECEDENT			96	Ad	or LOCATION OF elphi	DEATH		9c. COUN		eorges
DIRECTOR	Maryland 10b. COUNT	Prince (Georges		own on Loca elphi	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 10139 Riggs Road	i			1.0	20783					HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 WNO		If yes, s	CENDENT OF HIS pecify Cuben, Man 3 2 NO Spo	ican, Puerto	IN? (Specify Ye Rican, atc.)	a or No-	14. RACE Black, Specify	- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 1 - 1 2		(Give	kind of work NOT use re	JAL OCCUPATION OF THE STREET O	ON ost of working	16	own h		JSTRY	
BE COI	17. FATHER'S NAME (First, Middle, Lest) George Sponsel						Shool	3	31		
10	190. INFORMANT'S NAME (Type/Print) Kenneth Wiedel		19b.	MAILING ADI	copling	ger Road	i, Si	nber, City or Tox Lver S	vn. State, Zip o	Code) Md	20904
	20a_METHOD OF DISPOSITION 1	oval from Chris	20b. PLACE AN	DDATE OF D	sposition (N	emetery	2-1	TE 20c. LO	Sil.		
	21. SIGNATURE OF FORERAE SERVICEPLE	Gralde	•		11800	Rinald: N.H. Av	7e.,	Silver	Sprin	ıg, N	1d. 20904
	23. PART I. Enter the diseases, or shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cause a. CARDO DUE TO (C	on aech lina.					diac or reap	iratory arre	at,	Approximata interval Betwee Onset and Deat
CATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	o. PAS	TAS A CONSEOU	5m11							MENTETS
ERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (O	R AS A CONSEDU	ENCE OF):							
MEDICAL C	PART II. Other algorificent condition	contributing to d	eath but not res	uiting in th	ne underlyin	g ceuse given	in Part i.	24a. WAS AN PERFOI 1 YES	RMED?	3	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	D/Outpetlant 2		HER:	ACE OF DEATH (
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26a. DATE OF IN (Month, Day.	JURY :	16b. TIME OF	26c. INJ WO	URY AT PRESIDENCE OF THE PROPERTY OF THE PROPE		SCRIBE HOW	NJURY OCCU	RED	
0	3 Suicide 8 Could not be determined	28a. PLACE OF a building, etc.	NJURY — At home c. (Specify)	, farm, straet	, factory, offic		28f. LOC City	CATION (Street or Town, State)	and Number o	r Rural Ro	ute Number,
ш											
COMPLETE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of m	y knowledge, death nination and/or inv	occurred at settigation, in	the time, data my opinion, d	and place, and d	ue to the ca he time, date	use(a) and me and place, ar	nner as stated ad due to the	l. ceuse(a) :	and manner as stated,

25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only one)
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHE 4 Nu			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIM		26c, INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, s	treet, fac	ctory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NALLEN D. FERRID WID, 3365 N. 3305 N. LEISURE WORLD BLIG SRUEN SPAING MDZOGO

31. DATE FILED (Month, Dey, Year)
FFR 11 '92 38 REGISTRAR'S SIGNATURE

H Kalledon

A SHELLING

BALTIMORE, MARYLAND 21203-314	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a construct death. Page 6 may be retained by the hospital or attending Is	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
0	in 2 nours after o	ely filled in by the
13146,	executed with	and complete
O. BOX	certificate be	iding physicial
RDS, P.	that the death	d by the atter
L RECO	law requires	as been signe
OF VITAI	PHYSICIAN: The	this certificate h.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING	DIRECTOR: After

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
e funeral director, page 5 should be detached for use as the buri	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri-
death. Page 6 may be retained by the hospital or attending phys	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending phys

	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR ERTIF						HYGIEN REG. NO.	E 9	2 (14820
	1. OECEDENT'S NAME (First, Middle, Last) Edward	D.		W	ard				2. DATE OF MONTH	70		92	8 P M
		5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	#F UNDER	24 HRS.	7. DATE OF (Month, D 06-28	lay, Ybar)		8. BIRTHPL Country) Mary	ACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give stre Manokin Manor Nur		ne				R LOCATI			9c. COUNTY OF DEATH Somerset			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?			LIMITS?
	MD Some				Westover 101. ZIP CODE						10g. CITI		YES 2 NO
FUNERAL	7020 Old Westove	r-Marior		MED	13	WAS DEC		871 YE HISPAN	IIC ORIGIN?	Specify Ver	or No	USA	- American Indian,
B	3 X Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Spit						n, Mexica	n, Puerto Rici		or No	Black, \ Specify:	White	
15a. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Grade 7 15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Painter 16b. KIND OF BUSINESS/INDUS' (Give kind of working life. Do NOT use retired.) Home Improve 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname)									t				
BE CON	17. FATHER'S NAME (First, Middle, Lest) James H. Ward								ME (First, Mid e Bari		Surname)		
10 8	190. INFORMANT'S NAME (Type/Print) James E. Ward - (son)	19						Route Number, d e 1	_	n, State, Zip	Code)	
	20e. METHOD OF DISPOSITION 1 (3/Burlel 2 Cremation 3 Remon	191/92	20b. PLACE other p	ace)					etery			City or Town	
	21. SIGNATURE OF FUNERAL SERVICE LICE Raluth.	Bu	Lheur	/	22.	Brad	shaw	ss of fa		unera	1 Ho	me	21817
	23. PART I. Enter the diseases, or co shock, or heart failure. L IMMEDIATE CAUSE (Finel disease or condition												Approximate Interval Between Onset end Death
	resulting in deeth) a.		(OR AS A CONSE	QUENCE C	F):	, e							
ATION	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING		(OR AS A CONSE			موادر الا							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	QUENCE C	FI:	-40	ung.	an.	ease				
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to	death but not	resulting	In the u	nderlyin	g ceuse	given in		4a. WAS AN PERFOI	RMEO?		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF E	DEATH (Ch	eck only one)				
HYSI	1 TYES 2 TO 27. MANNER OF DEATH	1 Inpetient 2	FINJURY	28b, Tit	4 Nu	28c. IN.	JURY AT	esidence	6 Other (-	INJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, E	OF INJURY — At h		JURY M street, fac	1 🗆	YES 2 [□ NO				r or Rural Ro	ute Number,
ETEC	4 Homicide determined		, etc. (Specify)							Town, State			
COMPLETED	(Check only one) 2 MEDICAL EXAMINER												and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Elvela	Mo				29c. LIC	ENSE NUI	MBER		29d. DA1		Month, Day, Year) 76-52
5	30, NAME AND ADDRESS OF PERSON WHO	-		M 270 /5m	n (Delect)			1	7 001		1		1050

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be med within 12 hours after death with the state bept, or hearth and mental hygiene prior to bunal, cremation, or re-	njury, o	l
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFI	CAIL OF	DEATH		REG. NO).		
1. DECEDENT'S HAME (First, Middle, Last		ZAHLE	8		2. DAT	E OF DEATH	MYG ~	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		9. BIRTH	PLACE (State or Foreign
111-36-6521	1 M 2 X F	92 YRS.	MONTHS DAYS	HOURS MIN.	Jar	th, Day, Year)	900	Pol	and
9a. FACILITY HAME (If not institution, giv			9b. CITY, TOWN OR				9c. COUN	TY OF D	EATH
Suburban Hospit	gı		Betheso	da			Mor	ntgo	mery
10a. STATE 10b. COU		10c. CITY	, TOWN OR LOCATIO	ОН					10d. INSIDE CITY
	ntgomery	Ro	ckville						LIMITS? 1 X YES 2 NO
10e. STREET AND HUMBER				ZIP CODE			10g. CITIZ	EH OF W	HAT COUNTRY?
6111 Montrose F	12. WAS DECEDENT EVER	D III II ADMED		20852					States
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 XNO	If yea, spec	HDEHT OF HISPA bify Cuben, Mexico C XHO Specia	en, Puerto	N? (Specify Ye: Rican, atc.)	a or Ho	14. RACE Black Speci	- American Indien, White, atc. y: White
15. DECEDENT'S El (Specify only highest gra		18a. DECEDENT'S U	JSUAL OCCUPATION ork done during most	of working	164	b. KIND OF BU	SINESS/IHDU	ISTRY	MITTE
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	working					
17. FATHER'S NAME (First, Middle, Last)		Homema			_	Own Ho			
Solomon Solomon	Kaminer			Toby	AME (First,	Middle, Maiden		1	
19e. IHFORMANT'S HAME (Type/Print)	Numither	19b. MAILING	ADDRESS (Street and	Toby	Brush Mire	the City of S	Soko.		
Lionel Zahler	(Son)		azer Dri						
20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Re		Ob PLACE AND DATE OF	F DISPOSITION /Nom	o of	DAT	200 10	CATION		vn, Stata
4 Donation 6 Other (Specify)	100000	New Mount	Carmel (Cemeter	y 2-	10 Cy	press	Hil	ls. NY
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		Rapp F	ADDRESS OF FA	CILITY		D 0		
· will.	12 DI 11			LIDOTOI	SOTI		L) (1		
23. PART is Enter the diseases, D shock, Dr haert feilure immediate CAUSE (Finel disease or condition resulting in death)	a	aech line.	933 G	ist Ave	, Si.	lver S	pring	, MD	Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B	ed the death. Do no aech line.	933 G; ot anter the mode	ist Ave	, Si.	lver S	pring	, MD	Approximate interval Between
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THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

I,27 per MEO G-685 3/12/92 gn STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICATE	OF DEAT	TH	REG	a. NO.		
1. DECEDENT'S NAME (First, Middle, Las KEONYA	D .		A	MOS		DATE OF DEA	DAY	9 9 2	3. TIME OF DEATH 1:57 P
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2	6. AGE (In yrs. lest birthda YRS	MONTHS	YEAR IF UNDER	5000	Month, Day, V	(bar)	8. Bif	RTHPLACE (State or Foreign unity) MD
JOHNS HOPKIN		TAL		LTIMOR	ON OF DEATH			DUNTY O	FDEATH
10a. STATE 10b. COUN	4TY		CITY, TOWN OF						10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 3211 EL MORA AVE			ONL I II'K	101. ZIP COD 2121			10g. (U.S.	1 X YES 2 NO
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	18	MS DECENDENT C	OF HISPANIC (- 14, R/	ACE — American Indian, lack, White, etc. pocity: BLACK
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) CHILD 17. FATHER'S NAME (First, Middle, Last)			of work done do use retired.)	uring most of working		СН	OF BUSINESS/		
DONNELL WEBB 19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS		RETHEA	AMOS			
ARETHEA AMOS			HOLL1	NS STRE		LTIMOR		2122	23
1 A Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		MEM WENT THE MEM	ORTAL 22. N			ТҮ	BALTIM	ORE,	MD
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSEQUENCE	OF):	n synd	irome				
PART II. Other aignificant condition	ona contributing to	deeth but not resultin	g in the und	lerlying ceuse (given in Par	P	MS AN AUTOPS ERFORMED? VES 2 NO	SY 2	Ab. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF O	PEATH (Check	only one)			
1 X YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending investigation	28a. DATE OF (Month, Di			ng Home 6 Re	26		(y) HOW INJURY	OCCURED	
2 Accident investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE O	F INJURY — At home, tern etc. (Specify)	n, street, facto	ry, office	28	1. LOCATION (: City or Town,	Street and Num State)	ber or Run	al Route Number,
		my knowledge, death occu							e(a) and manner as stated.
296 HIGHATURE AND TITLE OF CONTIF	IER /			29c. LICI	ENSE NUMBER	R	29d, C	ATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	Mue	Jup -		0.0	C.M.E		▶0	2-1	8-1992

FEB 2 1 1992 Julia Savidson Pandale

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THE PECCHES, T.O. BOX 08/00,	E MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	E RUNEAM. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	death
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1 - STATE REGISTRAR		STATE OF MA	RYLAND / DEPAI CERTIF	RTMENT O	HEALTH F DEAT	AND ME	NTAL HYGIEN		
1. DECEDENT'S NAME		Katherine Ma					DATE OF DEATH		3. TIME OF DEATN
4. SOCIAL SECURITY N			AGE (In yrs. last birthday)	IF UNDER 1 YE		24 HRS. 7	DATE OF BIRTH (Month, Day, Year)	1.	BIRTHPLACE (State or Foreign Country)
217-12-		1 D M 2/D F	75 YRS.				3/10/16		Maryland
98. FACILITY NAME (H)		street and number)			N OR LOCATI	ON OF DEAT	Н	9c. COUNTY	
6629 Brighton				Balt:	more			Baltim	ore County
10a. STATE	10b. COUN		10c, CI	Y, TOWN OR LO	CATION				104 MOIDS OFF
	BED	Baltimore		Balt	more				10d. INSIDE CITY LIMITS? X 1 ☐ YES 2 X NO
100. STREET AND NUM 6629 By	righton A	ve.			101. ZIP CODE 21	215		10g. CITIZEN	U.S.A.
3 Widowed 4		12. WAS DECEDENT E FORCES? 1 IN IF YES, GIVE WAR	YES 2 NO	If you	DECENDENT OF PROPERTY OF PROPE	n, Mexican, F	ORIGIN? (Specify Year Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: Caucasian
Monosh /Conob	DECEDENT'S ED	UCATION	16a. OECEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS		
Elementary/Seconda 7th grad 17. FATNER'S NAME (Fin	ry (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working	g			
7th grad	e			House	wife		l		
17. FATNER'S NAME (Fire	st, Middle, Last)	Section 1	->-		18. MOTE	IER'S NAME	(First, Middle, Maiden	Surname)	-113 H-222-L
	Wi	lliam H. Flli	ott, Sr.					Dasiev	Clubb Linthicum
19a. INFORMANT'S NAM	NE (Type/Print)		19b. MAILING	ADDRESS (Str	et and Number	or Rural Rout	te Number, City or Town		
Mr. Raymond H	E. Avis		6629 Br	ighton I	ve.	Baltim	ore Marylan	d 21215	
XOa. METHOD OF DISPO	SITION		20b. PLACE AND DATE	OF DISPOSITION	(Name of			CATION - City	or Town, Stata
4 Donation 6 0		moval from Stata	Lorraine Par	ther place) k Cemete	rv		2/21 Wood		MD
21. SIGNATURE OF FUN	ERAL SERVICE I	ICENSEE				S PATENCIN			ors, Inc 21133
1	mal	K CO	neul_	8728	Liberty	Board	Randallst	CED TO CO	Maryland
Sequentially list con if any, leading to im cause. Enter UNDEF CAUSE (Disease or that initiated eventa resulting in death) I	nditione, mediate RLYING Injury	DUE TO (OR	AS A CONSEQUENCE O	PI:	non	na,	hemai - Sm	2 Unk	nules 2 Miles
PART II. Other signi	ficant condition	one contributing to dea	oth by not resulting	in the underi	ring couse g	iven in Par	1 i. 24e. WAS AN. PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRE EXAMINER? 1 YES 2 YO	D TO MEDICAL	HOSPITAL:			PLACE OF DE	ATN (Check	only one)		
1 TYES 2 17 10		1 Inputient 2 ER	/Outpatient 3 DOA	OTHER:	ome 5 De	sidence S	Other (Specify)		
	Pending Investigation	26s. DATE OF INJ (Month, Day, Y		URY	INJURY AT WORK?	20 1	d. DEȘCRIBE NOW IN	UURY OCCURE	ED
9 Destadado	Could not be determined	28s. PLACE OF IN building, etc.	JURY — At home, farm, (Specify)			100	f. LOCATION (Street a City or Town, State)	nd Number or R	tural Route Number,
29e. CERTIFIER (Check only	ERTIFYING PNY	SICIAN: To the best of my	knowledge, death occum	ed at the time, o	eta and place,	and due to t	he cause(s) and man	ner sa stated.	
									use(s) and manner as stated.
296 SIGNATURE AND THE	- 13				_	NSE NUMBER		29d. DATE SIG	
30. NAME AND ADDRESS	M , OC	NO COMPLETED CAUSE O	2435 (Type	Pring Be	Inex	lu.	Ane la	SAY	1/2/2/1
31. DATE FILED (MONU).	1992	Julia Day Com	SIGNATURE	,,,					

BALTIMORE, MARYLAND 21215-00;	24 hours after death. Page 6 may be retained by the hospital or attending of	r filled in by the funeral director, page 5 should be detached for use as the by tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending on	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bub filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE	OF	DEATH	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						_				3. TIME OF DEATH
MARY LOUISE ALL	ENZA					MONTH	DAY	0	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX				IF UNDER 24 HRS.	7. DATE OF B	HETH		A BIRTH	PLACE (State or Foreign
		32 YRS.	MONTHS	DAYS	HOURS MIN.	Sept.	29,1	959	Mas	sachusetts
THE JOHNS HOPKINS					1-1-1-1-1-1-	EATH		9c, COUN	TY OF D	EATH
10e. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN O	R LOCAT	ION	cerdon				10d, INSIDE CITY LIMITS?
										14 YES 2 NO
14 Cherryvi	lle Hollo	w Road		107.	08802					
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES 2 XNO If yes, specify Cuben, Mexican, Puerto Rican, etc.)								14. RACE Black Specif	- American Indian, White, etc.
15. DECEDENT'S EDUC	CATION completed)	16e. DECEDENT'S	USUAL OC	CUPATIO	N	16b. KIND	OF BUSIN	ESS/INDU	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)			uring mos	l of working		Own	Home	2	
	-			-	40 1407147010 114					
	Farringto	n						,		
19e. INFORMANT'S NAME (Type/Print)			AOORESS	(Street er				~	Corfei	
Roberts & Son Fun	eral Home	30 S	outh	Str	eet, For	kboro,	Massa	chus	sett	s 02035
20s. METHOO OF DISPOSITION Burlel 2 Cremetion 3 Remo	oval from State	20b. PLACE AND DATE of competery, crematory or purification of the competery of the competery of the competery of the competery of the competer of the compete	of disposition of the place) Chre	TION (Nat	ne of etery 2-	OATE -21-92				
			22. N Ruc	ok T	OWSON FU	meral	Home,	Inc		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (0)	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF MULLIS OF THE	Servino ma	C			and lang	den	•	11 days 89 days
Mul faily		eath but not resulting i	n the und	lerlying	cause given in		PERFORME	D?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28. PL/	CE OF DEATH (Ch	eck only one)				
1 YES 2 NO		R/Outpetient 3 DOA	OTHER:		5 Residence	8 Other (Soe	c(fv)			
27. MANNER OF DEATH 3 Natural 5 Pending Investigation		JURY 28b. TIMI Year) INJ	F OF	26c. INJU WOF	RY AT			IRY OCCU	RED	
3 Suicide 6 Could not be determined	28s. PLACE OF I building, etc	NJURY — At home, ferm, a	treat, factor	ry, office		281, LOCATION City or Yow	(Street end en, Stete)	Number o	r Rural Flo	oute Number,
290. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER	CIAN: To the best of m	knowledge, death occurre	d at the tim	ne, date d	and piece, end due	to the cause(s)	end manner	ee atated	1.	
THE STURE AND LITTLE OF CONTINUE	a. 11	40		T	29c. LICENSE NUN	ABER	29	d. DATE	SIGNEO	(Month, Day, Year)
NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF OEATH (ITEM 27) (Type,	Bon	13	it. Con	129	Ball	tim	2 1	10 2000
31. DATE FILEO (Month, Day, Year) FFR 2.1	32. REGISTRAR'S	ALIGNATURE CON-	Panolal	2			.54	- ,,	1 /	1 212 3/
	MARY LOUISE ALI 4. SOCIAL SECURITY NUMBER O16-54-9099 9e. FACILITY NAME (If not institution, give s THE JOHNS HOPKIN; RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. COUNTY II. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Lest) Stanley 19e. INFORMANT'S NAME (Type/Print) RODERTS & SON FUN 20g. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remed 4 Donesten 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC WALLACE 23. PART I. Enter the diseases, or cahock, or heart fellure. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 28. MEDICAL EXAMINER 29. CERTIFIER Check only 1 CERTIFYING PHYSIC (Check only 1 CERTIFYING PHYSIC ONL) 29. CERTIFIER CERTIFYING PHYSIC ONL) 29. CERTIFIER CHECK (Month, Day, Year) 31. DATE FILEO (Month, Day, Year) 33. DATE FILEO (Month, Day, Year)	MARY LOUISE ALLENZA 4. SOCIAL SECURITY NUMBER 016-54-9099 9e. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10e. STATE 10b. COUNTY 10e. STREET AND NUMBER 14 Cherryville Hollo 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. SOCIPLY only highest grade completed) Elementery/Secondary (0-12) 12 17. FATHER'S NAME (First, Middie, Lest) Stanley Farringto 19e. INFORMANT'S NAME (Type/Print) Roberts & Son Funeral Home 20g. METHOD OF DISPOSITION 18 Buriel 2 Cremetion 3 Removal from State 4 Densiton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE DUBLICL S. Buck 23. PART I. Enter the diseases, or complications that ahock, or haert failure. List only one cause if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other eignificant conditions contributing to describe the determined of the condition of the cause in the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 25. WAS CASE REFERREO TO MEDICAL EXAMINER: On the best of my one of the conditions of the cause in the caus	MARY LOUISE ALLENZA 4. SOCIAL SECURITY NUMBER O16-54-9099 9. FACILITY NAME (If not institution, give sired and number) THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 106. COUNTY WEW JETSEY 106. COUNTY 106. STATE 106. COUNTY 107. STATE 107. STATE 108. STATE 109. STREET AND NUMBER 14 Cherryville Hollow Road 11. MARITAL STATUS 1 Never Merried 1 Never Merried 1 Never Merried 1 Nover Merried 1	MARY LOUISE ALLENZA 4. SOCIAL SECURITY NUMBER O16-54-9099 1	MARY LOUISE ALLENZA 4. SOCIAL SECURITY NUMBER 016-54-9099 1. 2X F 32 YRS. 9. FACILITY NAME (if not institution, give sireat and number) THE JOHN'S HOPKINS HOSPITAL RESIDENCE OF DECEDENT 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FONCES? 11. WAS DECEDENT EVER IN U.S. ARMED FONCES? 11. WAS DECEDENT SEQUENTION 12. WAS DECEDENT EVER IN U.S. ARMED FONCES? 11. WAS DECEDENT SEQUENTION 12. WAS DECEDENT SEQUENTION 13. WISCOMMARK (Proc. Mindle, Last) 14. Cherry State 15. DECEDENT'S EQUENTION 16. DECEDENT'S BUILDATION 16. DECEDENT'S USUAL OCCUPATION (Charles kind of work doine during most sequentially state of sequentially state of work doine during most sequentially state of work doine during most sequentially state of sequentially state of sequentially state of sequentially state of sequential sequentially state of sequentially state of sequential sequentially state of sequential sequentially state of sequential sequential sequential sequential sequentially state of sequential seque	4. SOCIAL SECURITY NUMBER O16-54-9099 1 1 12 8 2 788. S. AGE (to yrs. last bothoday) S. ENCY O16-54-9099 1 1 12 9 32 788. S. CITY, TOWN ON LOCATION OF DEPOCIAL SECURITY NUMBER MAN. THE JOHNS HOPKINS HOSPITAL THE JOHNS HOPKINS	AND LOUISE ALLENZA **SOCIAL SECURITY NUMBER** O16-54-9099 1. 20 F 32 **YES** **SOCIAL SECURITY NUMBER** O16-54-9099 1. 20 F 32 **YES** **SOCIAL SECURITY NUMBER** O16-54-9099 1. 20 F 32 **YES** **SOCIAL SECURITY NUMBER** O16-54-9099 1. 20 F 32 **YES** **SOCIAL SECURITY NUMBER** O16-54-9099 1. 20 F 54 **SOCIAL SECURITY NUMBER** O17-54 1. 20 F 54 **SOCIAL SECURITY NUMBER** O18-54 **SOCIAL SECURITY NUMBER** O18-54 **SOCIAL SECURITY NUMBER** O18-54 **SOCIAL SECURITY NUMBER	A SOCIAL SECURITY NUMBER A SOCIAL SECURITY NUMBER O16-54-9099 1	1. DACEDENT'S NAME (FIRE MASSE, LASI) A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY A SOCIAL SECURITY INVENERY B SOCIAL SECURITY INVENT I	A SOCIAL SECURITY MINIMEDY 1. SECURITY MINI

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1	1	-	FOR STATE REGISTR	AR	
l	1.	D	ECEDENT'S	NAME	

	1 - STATE REGISTRAR	SIAIE OF MAN		FICATE O			MENIAL HYGIEN REG. NO	Ł	
	1. DECEDENT'S NAME (First, Middle, Last)	DODIC					2. DATE OF DEATH	AY ,	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	-	LOUISE AT				2 1	8 9	12 605 PM
	217-18-8014	1 M 2 XXF	GE (in yrs. lest birthdey 67 YRS.	MONTHS DAYS		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, 1981) 24	, •	BIRTHPLACE (State or Foreign Country)
	9s. FACILITY NAME (If not institution, give:	7	07 THS.	9b. CITY, TOW	10010017				MARYLAND
NG.	FRANCIS SCOTT KE		PENTED		LTIMO			9c. COUNT	Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT					KE C	LIY		
E	10s. STATE 10b. COUNT		10c, C	TY, TOWN OR LO					10d. INSIDE CITY LIMITS?
	MARYLAND 100. STREET AND NUMBER	BALTIMORE			DUNDA				1 TES XX NO
FUNERAL		N/WAL			101. ZIP CODI			10g. CITIZE	EN OF WHAT COUNTRY?
3	3035 LIBERTY PAR	12. WAS DECEDENT EVE	R IN U.S. ARMED	12 WB C	ECENDENT C	2122	C ORIGIN? (Specify Yes		U.S.A.
ВУ	1 Never Married 2 Married 3 W Widowed 4 Divorced	FORCES? 1 Y	ES 2 NO	If yes.	specify Cubs	n, Mexicen Specify:	n, Puerto Rican, etc.)	or No-	4. RACE — American Indian, Black, Whita, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT	S USUAL OCCUPA	TION		16b. KIND OF BUS	SINESS/INDUS	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	work done during use retired.)		9			
MP	G.E.D.	N/A		HOME MA				HOM	E
	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden	Surname)	
BE	GEORGE WANKEN 198. INFORMANT'S NAME (Type/Print)		405 14411 10	0.40000000.00			E KNIGHT		
5	JAMES ADDIS. SR.						RAITIMODI		YLAND 21222
	20a. METHOD OF DISPOSITION	novel from State	20b. PLACE AND DATE	OFDISPOSITION	Neme of		0ATE 20c 10	CATION - CH	by or Town State
	GLEN HAVEN MEMORIAL 2-21-1992 GLEN BURNIE, MARYLAND							NIE. MARYLAND	
	22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK INC.								
-	22 DADT I Enter the Street	- Veen		7922	WISE	AVEN	UE DUNDA	K MD	21222
	23. PART I. Enter the process of ahock, or half failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause of	eech iina.	1	4	.1		ratory arrea	Approximata interval Batween Onset and Death
	reaulting in death)	DUE TO (OF) A	S A CONSEQUENCE		any	ur 1			
NO	Sequentially list conditions,	b. end	S A CONSEQUENCE O	res	rale	des	end		
CERTIFICATION	if any, laeding to immediata cause. Enter UNDERLYING	1	Gnema	(F):	#	1	la		
THE	CAUSE (Disease or injury that initiated evanta	OUE TO (OR A	S A CONSEQUENCE	OF):	100	CO	Cont		
ER	resulting in deeth) LAST	d							
	PART II. Other significant condition	s contributing to deat	h but not resulting	In the underly	ng cause g	iven in F	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL							PERFOR	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä							' ' ' ' '	NO	OF DEATH?
ä									1 120 175 180
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7	PLACE OF O	EATH (Chec	ck only one)		
YSI	1 TYES 2 NO	1 Inpetient 2 ER/O	utpetient 3 🗆 DDA	OTHER:	me 5 🗆 Rs	sidencs 6	Other (Specify)		
	27. MANNER OF OEATH 1 Natural 5 Pending	28s. OATE OF INJUF (Month, Day, Year		JURY V	JURY AT		28d. OESCRIBE HOW IF	JURY OCCUP	REO
B	2 Accident investigation	20. 8/ 405 05 0//			YES 2				
COMPLETED	3 Suicide 6 Could not be determined 28. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Yown, State)							Rural Route Number,	
PLE	29s. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kn	owledge, death occur	red at the time, de	te and place	and due to	o the course(s) and man	nas an stated	
NO	one) 2 MEDICAL EXAMINE	R: On the basis of exemine	tion and/or investigati	on, in my opinion,	death occur	d at the ti	lme, dete and place, and	dus to the c	suse(s) and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE		- 44	1		NSE HUME			PGNETS (Moreh JOhy, Year)
TO B	day	123/4	ml	1	M.	73	/7	1 0	1/8/92
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	PEATH (ITEM 21) (Typ	o, Print)	17) A	1. n	0	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	Nolle !		Jul	vom //1	J+	
- 8			0 1. 20	S					

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TO THE PARENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should make after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) SPENCER FRA	NCIS McQUIL	LIA BARN	ES, JR		2. DATE OF DEATH BAY 2 - 15	- 92	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 220-80-8563	1 💢 M 2 🗆 F	30 YAS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-5-61	Country	MD
TOR	98. FACILITY NAME (If not institution, give a 635 WILLOW AVENU RESIDENCE OF DECEDENT		96.	BALTII	MORE	ATN 9c.	COUNTY OF DI	EATN
DIREC	MD 106. COUNT	Y		TIMORE	ON			10d. INSIDE CITY LIMITS? 1) YES 2 NO
FUNERAL DIRECTOR	635 WILLOW AVENU				21212		U.S.A	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, spe		IC ORIGIN? (Specify Yes or N n, Puerto Rican, etc.)	lo— 14. RACE Black Speci	:— American Indian, , White, atc.
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 8+)	(Give kind of work life. Do NOT use re	done during mos tired.)	N I of working	OMNI HOTE		To a
COMP	17. FATNER'S NAME (First, Middle, Last) SPENCER BARNES.	SR.	BARTEN	IDEK	18. MOTNER'S NAI	ME (First, Middle, Maiden Surna		
TO BE	190. INFORMANT'S NAME (Type/Print) CHRISTOPHER BARN	ES				BALTIMORE, N		9
	20a. METHOD OF DISPOSITION 1 Burlel P Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	of or N	PLACE AND DATE OF EW CATHED	RAL CE		BALTI	MORE, I	
	JERome -	Thompson	Ja	WM.C.I	MARCH F.	H./1101 E. N		VENUE
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. A CQUUS, DUE TO (OR AS A	consequence on:			y Syndu		Approximete Interval Between Onset and Death Immtl
	resulting in death) LAST PART II. Other significant conditio	d	st not regulated in the			Part i. 24e. WAS AN AUT	nnev last	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	H10 Inte		y we	ne underlying	, csuse given in	PERFORMED 1 VES 2	07	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Output		THER:	ACE OF DEATN (Ch	eck only one) 8 Other (Specify)		
ву рну	27. MANNER OF DEATN 1 A, Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		28d. DESCRIBE NOW INJUI	RY OCCURED	
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, atc. (Speci	— A1 home, ferm, stre	et, fectory, offic		281. LOCATION (Street end I City or Town, State)	Number or Rural	Route Number,
COMPLETED	cont only	SICIAN: To the best of my knowle ER: On the basic of examination						e) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE OWNERS OF PERSON W	I Sylen MD	THE ST. Gas. Sec.	(mel)		394 1	DATE SIGNED	Month, Day, Year)
	220 W. Cold	Shory Ca	Prulte	md	212	10		
	FEB 2 1 1992	32 REGISTRAR'S SIGNA	المعلم					16 W

are puch transmitted that the FR 030 an which I have I

3. TIME OF DEATH

2. DATE OF DEATH

Feb. 17, 1992 YEAR

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

William N.

Blanchard

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) Sept. 7,1905 5 SEX 6. AGE (in vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 220-01-3671 86 1 XM 2 | F YRS. PA. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH DIRECTOR 1031 Mace Ave. Essex BAltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Md. Baltimore Essex 1 TYES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 1031 Mace Ave. 21221 USA director, page 5 should be detached for use as the burial-transit after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ☒ NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: White IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 6th Truck Driver 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Charles Blanchard Flora Ħ BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2501 Bluefold Street Hopewell Va. 23860 Charles Blanchard pe 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☑ Cremetion 3 ☐ Removal from State 20b. PLACE ANO OATE OF DISPOSITION (Name 20c. LOCATION — City or Town, Stats OATE must Metro Crematory 2/19/92 **BAltimore** MAryland 4 Donation 8 Other (Specify) 22. NAME AND ADDRESS OF FACILITY examiner 21 SIGNATURE OF FUNERAL SERVICE LICENSEE filled in by the funeral ConnellyFuneralHome 300MAceAve. 21221 Enter the disease of complications that caused the deeth. Do not enter the mode of dying, such se cerdiec or reepiratory street, shock, or heart failure. List only one cause on each line medical Approximate Interval Between ò nd 9 Onset and Death IMMEDIATE CAUSE (Finel cremation. the diseese or condition Hicted M completely resulting in deeth) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): bunal, CERTIFICATION attending physician and Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): prior to If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST 50 the atten shows any injury, 24a, WAS AN AUTOPSY PERFORMED? PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL Health and I COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO peen jo has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28, PLACE OF OEATH (Check only one) Item this certificate HOSPITAL: OTHER: 1 TES 2 NO nt 2 - ER/Outpatient 3 - DOA me 5 Rasidenca 8 - Other (Specify) 6 the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. with 1 Natural 5 Pending -17-93 inflicted M 440 wound 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f, LOCATION (Street and Number or Rural Route Number 65 6 Could not be COMPLETED Olly or 1 4 Homicide Balto ma Home 28 Maca item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner as ataled. 21221 ERAL I = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated. SRIANT 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER BE 2 -18-92 demorten 9 D07632 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D. mi BALTO 040 2112 21222 ONOVAN DUNDALK 32 REGISTRAR'S SIGNATURE 1992 DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	Thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or r	-
M	產	ANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the me

ANT. H

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY t. DECEDENT'S NAME (First, Middle, Last) CLARA (CARRIE) BLACKWELL 3. TIME OF DEATH Blackwell Clara YEAR 2 1992 20 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 218-84-89117 N.C. 1 M 2 F 3. lo . 97 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERCY HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore MD Balt nove 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1300 SOUTH ELLWOOD AVENUE 21224 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yee, specify Cuben, Maxican, Puerto Ricen, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married BY Specify: BLACK 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementery/Secondary (0-12) College (1-4 or 5 +) DOMESTIC 6th 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) JOHN CHRISTMAS notified at CARRIE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zip Code)
230 SILVER CT./BALTIMORE, MD 21201 9 HELEN BENTLEY pe 20a. METNOD OF DISPOSITION

1 M Burlel 2 Cremetion 3 Removal from State
4 Donetlog/ 5 D Other (Specify) 20c. LOCATION — City or Town, State LANSDOWNE, MD 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE MT''' ZION CEMETERY examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE rome PSON dical 23. PART Uniter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximate intarvai Between IMMEDIATE CAUSE (Fine) Onset and Death Renal Chrenic resulting in death) DUE TO (OR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or Injury thet initiated eventa DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | YO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: ne 5 🗆 Residence 6 🗀 Other (Specify) 4 - Nursing No 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 ND BY 2 Accident 3 Suicida 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 8 Could not be determined 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. 2 ___ MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occurred at the time, date and piece, end due to the ceuse(a) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2.17.92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WOOLER 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

Lulia Davidson Randalle

1992

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	FOR 1 - STATE	STATE OF N	MARYLAND /	DEPA	RTMEN	T OF H	EALTH	AND	MENTAL	HYGIEN	-	92	04829
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	0.11		ERTIF			DEA	TH	2. DATE O				3. TIME OF DEATH
Τ.	Edith N.	- 1 ///	Edith Ar		beru	ing			MONTH	/	9	92	10:22 P
-	4, SOCIAL SECURITY NUMBER		AGE (In yrs. les	st birthday)		R 1 YEAR		R 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or Foreign
	217-05-3682	1 □ M 2 □ F	82	YRS,	MONTHS	DAYS	HOURS	MIN.	Aug.	1, 19	09	Md"	•
-	9a. FACILITY NAME (If not institution, give st							ION OF DI		_	9c. COU	NTY OF D	EATH
P	Good Samaritan Ho	spital				Balt	imor	e Ci	ty				
DIRECTOR	10e. STATE 10b. COUNTY			10c, CI7	Y, TOWN	OR LOCAT	ION					_	10d. INSIDE CITY
뜸	Md. Balt	imore			OWSO								LIMITS?
	10e. STREET AND NUMBER						ZIP COD	E			I 10a. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	111 West Road						212	04			US		WILL GOOK INT
3	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT (OF HISPAN	VIC ORIGIN?	Specify Ye			- American Indian
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	AR OR DATES X	40		If yes, spi	city Cubi	en, Mexica	in, Puerto Ric	en, atc.)		Black W Gope	— American Indian, k, White, atc.
	15. DECEDENT'S EDUC	ATION	160 DE	CEDENT'S	HELIAL C	CCUPATIO	A1		T				
	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(G	ive kind of Do NOT u	work done	during mo	at of worki	ing	16b. K	IND OF BU	SINESS/INI	DUSTRY	
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BEC	Herman Ziemann					1871			a Besol		our rainey		
	19a, INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRES	S (Street a			Route Number,		n. Stein. Zic	n Code)	
2	Joann Belton		2	404 S	outhe	m Av	enue	Balti	more, M	M. 21	214	,	
	20e. METHOD OF DISPOSITION 1 [X] Surial 2	val from State	20b. PLACE A					92	OATE		cation —		
	21. SIGNATURE OF FUNERAL SERVICE LICE Plantes J. 23. PART I. Enter the diseases, or capacity or head falling to	laddur		eth Do	L	eonan	d J.		Inc. 53				
	ahock, or heart fallure. L IMMEDIATE CAUSE (Finel diaeasa or condition resulting in daeth)	Sepa	OR AS A CONSEC	DUENCE OF	F):			ing, suci	h as cardia	c or resp	iratory an	rest,	Approximate Interval Between Onset and Death
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ERT	resulting in death) LAST	NI	DDM										years.
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CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Che	ock only one)				
YSI	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nur		5 🗆 Re	esidence	6 Other (S	(pecify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF I	NJURY y, Year)	26b. TIM INJ	- V	26c. INJU WOF	RY AT		28d. OEŞCR		NJURY OC	CUREO	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF building, a	INJURY — At horate. (Specify)	me, farm, s	treet, fact				28f. LOCATE	ON (Street a	and Number	or Rural R	oute Number,
E COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 200. SIGNATURE AND TITLE OF CERTIFIER	IAN: To the best of n	ny knowledge, dei imination and/or i	nvestigatio	nd at the 1	lme, data a	ath occur	, and due red at the t	time, date an	e) and mar	d due to th	e cause(e)	end manner as stated. (Month, Day, Year)
0 8	Ausan Su	levi	NA	,			D3	494	11				9-92

einer

32. RECHOTRAR'S SIGNATURE
1 1992 Julia Javidson Andrew

USAN

31. DATE FILED (Month, Day, Year)

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FEB 2

1	-	FOR STATE REGISTRAR
-	_	ECEDENTIC MA

10s. STREET AND NUMBER 2037 Kelmore Road 11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 19 Kes 2 No 11 Yes, apecity (Juban, Maxican, Puerto Rican, etc.) 14. RACE - American Indian, Bleck, Whita, atc. Specify: White, atc. Specify: White 15. DECEDENT'S EDUCATION 16. NEO NOT use relieved. 16. KIND OF BUSINESS/INDUSTRY White 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/IN	_	- STATE REGISTRAR	OINIE OI	(CERTIF	ICATE	OF	DEA	TH I	MENIAL HYGIEN REG. NO			
LOCAL SPUTA WAREA 2.77-14-2304											AY		TIME OF DEATH
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The STREET AND NUMBER PROCESS OF PROCESS OF THE COUNTY OF THE PARK CONTINUED AND COUNTY OF THE PARK COUNTY O	5	Francis Scott Key	Med Ct	c		Bal	time	ore					-
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Table Mary Ford			IF YES, GIVE W	AR OR DATES		1 [YES	2 X NO	Specify	<i>i</i> :		Specify:	
Table Mary Ford		(Specify only highest grad	e completed)		DECEDENT'S	USUAL OCC	UPATIO	N t of workin	ng	16b. KIND OF BUS	SINESS/INDU	JSTRY	
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1 Burlat 2X Cremetten 3 Removal from State Congress of proposed Creen Mount Crematory 2-18-92 Balto., Md. 21. SIGNATURE OF FUNRAL SERVICE LICENSES Creen Mount Crematory 2-18-92 Balto., Md. 22. SAME AND ADDRESS OF FACILITY Bradley-Ashton Funeral Home, Inc. 2/134 Willow Spring Rd. Dimidalk, Md. 2/12/2 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arreat. Approximate interval Between Conditions and Death of Conditions, and the conditions of the conditions		Judy McArdle			766	Fulbro	Street and	Rd.	or Rural F. Ba.	Ito., Md.	21222	Code)	
22. NART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Consetting in death) 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Consetting in death) 24. Approximate Approximate CAUSE (Finel diseases or conditions, if any, leading to immediate Consetting in death) 25. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhitiated wents resulting in death) LAST 26. Chronic Sbytructive pulmonary clisance 27. ALANGER (Disease or injury that inhitiated wents resulting in death) LAST 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		1 Burial 2X Cremation 3 Ran	noval from State	20b. PLAC	E AND DATE	OF DISPOSITI	OH (Nan	na of		OATE 20c. LO	CATION C	ity or Town,	, Stata
Approximate anotes, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter INDERT (NORAL ALVEOLGE P). DUE TO (OR AS A CONSEQUENCE OF): ALEXAMPER OF DEATH DUE TO (OR AS A CONSEQUENCE OF): ALEXAMPER OF DEATH 1 Nother significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMPER OF INJURY OF AS INJURY AT WORK? 1 YES 2 NO		Green Mount Crematory 2-18-92 Balto. Md.											
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Bronch Alveolar Due to (or as a consequence or):		anock, or neert failure.	List only one cau	se on each ii	ne.						ratory arro		interval Between
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1 Netural Security		1 TYES 2 NO	1 🗆 Inpatient 2 🗆		3 🗆 DOA		g Home	5 🗆 Ra	sidence	6 Other (Specify)			
26a. PLACE OF INJURY — At home, larm, street, factory, office 26a. Certifier (Check only one) 26a. Certifier (Check only one) 26b. PLACE OF INJURY — At home, larm, street, factory, office 26c. Certifier (Check only one) 26c. Ce						URY	WOR	K?		28d. DEŞCRIBE HOW II	JURY OCCU	JRED	
4 Homicide Duilding, stc. (Specify) City or Town, State) 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 21 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 22 Substitute find Title of Estifician 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) City or Town, State) Ci	ı	3 Suicide	26a. PLACE OF	F INJURY At I	home, larm, s			S 2 _	NO	261 LOCATION (Communication)	and Advandance	0	
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		Could not be	building,	etc. (Specify)		,	,			City or Town, State)	no Number o	r Hurai Houa	e Numoer,
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DOSS 47 16 Fagg 2		one) 2 MEDICAL EXAMINI	ER: On the beals of ax	amination and/o	or investigation	n, in my opin	nion, de	nth occur	ed at the t	lime, data and place, and	dua to the	cause(a) an	d manner as stated.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)	I	296. SIGNATURE AND TITLE OF ENTIFIE	1 1	9				29c. LICE	NSE NUM	BER	29d. DATE	SIGNEO (MO	onth, Day, Year)
OF DEATH (ITEM 27) (Type, Print)	1	DO NAME AND ADDRESS OF THE O	nues					DO	285	47	1	6 tu	292
		AN HOUSE AND ADDRESS OF PERSON WI	MPLETED CAUS	E OF OEATH (IT	EM 27) (Type,	Print)							
31. DATE FILEO (Month, Day, Your) 32. REGISTRAR'S MINATURE D. M. A. D. D. M. A. D. D. D. D. D. D. D. D. D. D. D. D. D.	1		32. REGISTRAI	R'S SYNATURE	۲	L							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-exist after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-trabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

permit Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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8	III THE HOSPITAL OR ATTENDING DEVOICIAN: The law requires that the death certificate he executed within 24 hours often death
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	A.
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	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF ERTIFICATE O	F HEALTH AND OF DEATH		HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	CIAKK			2. DATE OF MONTH	DEATH	YEAR 3. TIME OF DEATH
	4. SOCIÁL SECURITY NUMBER 21 7-38-7236 9a. FACILITY NAME (If not institution, give	5. SEX 1 M 2 DE 6. AGE (in yrs. less 5 Y	YRS. MONTHS DAY	A HOURS MIN.	7. DATE OF (Month, De	11/4/38	BIRTHPLACE (State or Foreign Country)
СТОВ	Sinai	savoa eru number)		w or Location of Di altimore	EATH	9c. COUNT	Y OF DEATH
DIRE	10a. STATE 10b. COUNT	TY	10c. CITY, TOWN OR LO				10d. INSIDE CITY LIMITS? 1 XYES 2 \(\square\) NO
FUNERAL		rantley		101, ZIP CODE Z/Z	15	u	S A
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	O If yes,	DECENOENT OF HISPAI , specify Cuban, Mexica YES 2 NO Specifi	in, Puerto Rice	specify Yes or No— 14 n, etc.)	RACE — American Indian, Black, White, atc.
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	(Gillege (1-4 or 5+)	CEDENT'S USUAL OCCUPY five kind of work done during Do NOT use retired.)	ATION most of working	16b. KIP	ID OF BUSINESS/INDUS	STRY
E COMP	17. FATHER'S NAME (First, Middle, Last)	Davis	DUSE WIT	18. MOTHER'S NA	ME (First, Midd	le, Maiden Surname)	ton
TO B	190. NFORMANT'S NAME (Type/Print) Bernardette		+007 G	rantle y	Route Number, (
	20a. METHOD OF DISPOSITION Migharial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State cemetery, cre	MAND DATE OF DISPOSITION Matory or other plans	metery	2/24	BaHo.	y or Town, Stata Md.
	James a	Morton	Jame 170	es A. Mo Lauren	rton s St.	Balto	Md.21217
NOI	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	List only one cause on each line.	Failure DUENCE OF):		i de Calulac	or reaptratory arrea	t, Approximate Interval Betwee Onset and Das
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	cDUE TO (OR AS A CONSEC	DUENCE OF):				
MEDICAL	PART II. Other aignificant condition SUPSIS 5/PCVF	ns contributing to death but not re	eaulting in the underly	ring cause given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	PLACE OF OEATH (Che		acity)	
PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY 28c.	INJURY AT WORK?		BE HOW INJURY OCCUP	REO
		28s. PLACE OF INJURY — At hor	ne, farm, atreet, factory, of	ffice	28f. LOCATIO City or To	N (Street and Number or wn, State)	Rural Route Number,
BY	3 Suicide 6 Could not be 4 Homicide datermined	building, etc. (Specify)					
OMPLETED BY	3 Suicide 4 Homicide 6 Could not be datermined 29a. CERTIFIER (Check only)	building, etc. (Specify) ICIAN: To the best of my knowledge, das ER: On the basis of examination end/or in	nth occurred at the time, di	inte and place, and due	to the cause(s) and manner as stated.	ause(s) and manner as stated.
ETED BY	3 Suicide 4 Homicide 6 Could not be datermined 29a. CERTIFIER (Check only)	iCIAN: To the best of my knowledge, des ER: On the basis of examination and/or in	ath occurred at the time, do	are and place, and due to death occured at the 29c. LICENSE NUM	time, data and	place, and due to the c	euse(s) and manner as stated.
E COMPLETED BY	3 Suicide 4 Homicide 6 Could not be datermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of my knowledge, des	nvestigstion, in my opinion	n, death occured at the	time, data and	place, and due to the c	

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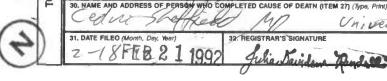
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	AL ORECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-training or semands director, page 5 should be detached for use as the bunda-training or semands.	alle	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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92 04832 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 25 210 Cook MARION 3. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 220-24-13 1 - M 2 XE 9e. FACILITY NAME (If not institution, give street and number, 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BAltiMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 40 2121 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR OATES BY IHCK 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementery/Secondary (0-12) College (1-4 or 5+) MAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 600 BE 19b. MAILING ADDRESS (Street and Number or INFORMANT'S NAME (Type/Print) 2 5 20b. PLACE OF DISPOSITION (Name of cometery, crem other place)
WESTERN STAR METHOD OF DISPOSITION 20c. LOCATION -- City or Town, State STAR Donation 5 C Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. BROWN COMMUNIT 1206 W. NORTH www 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory strest, Approximete Interval Between Onset end Death IMMEDIATE CAUSE (Finel disesse or condition 3 wiks Ceronon resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): cornor COAGULATAON DISSOMINATED ASCALAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF): reculting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL DeloNDONT B14800 mality 1 YES 2 NO OF DEATHY
1 UPS 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATN (Check only one) HOSPITAL:
1) Compatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF OEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 0

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30. NAME AND ADDRESS OF PERSON

(1	Pages 1.
BALTIMORE, MARYLAND 21215-0020	rurs after death. Page 6 may be retained by the hospital or attending physician.	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm. Pages 1.2 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.
	n 24 ho	ation, o
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it 2 hours after death with the State Dept. of Mealth and Mental Hygiene prior to burial, cremation, or removal.

attending physicia	se as the burial-tr		
by the hospital or	d be detached for u		f at once
th. Page 6 may be retained	eral director, page 5 shoul		miner must be notified
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-try	I, cremation, or removal.	IMPORTANT: If New 28 is marked or liem 23 shows any injury or other traumatic event the medical araminar must be notified at once
eath certificate be execute	attending physician and co	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	v or other traumatic
he law requires that the d	e has been signed by the	e Dept. of Health and Me	m 23 chawe any inim
TTENDING PHYSICIAN: 1	CTOR: After this certificat	after death with the Stat	28 le marked or its
TO THE HOSPITAL OR A	TO THE FUNERAL DIREC	be filed within 72 hours	IMPORTANT: If Item

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERT	IFICATE	OF L	JEAI	н	2 DATE	REG. NO).		3. TIME OF DEATH
	fton	C	0.01				MONTH		MY	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthda	OOK IF UNDER	1 VEAR	IF UNDER	24 HBS	7. DATE C	E BIRTH		992	19LACE (State or Foreign
	1 √M 2 □ F		MONTHS		HOURS	MIN.	(Month,	Day, Year)	010	Count	(v)
270-36-7896 9a. FACILITY NAME (If not institution, give:		51 YRS		TOWN OR	1 COATI	N. OF D	Ju ₁ y	0, 1	940	UKTS	homa
							EAITH				
Franklin Squar	e Hospi	tal	Ro	SSV	<u>i11</u>	e			Ba1	tim	ore
10s. STATE 10b. COUNT	Υ	10c.	CITY, TOWN O	R LOCATIO	ON						10d. INSIDE CITY
Texas Hutch	incon	R.	orger								LIMITS? 1 YES 2 XXX+O
10e. STREET AND NUMBER	LIISOII	1 100	Jigei	101, 2	ZIP CODE				10g. CI	TIZEN OF Y	WHAT COUNTRY?
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308 S. Hedgecoke		T EVER IN U.S. ARMED	13. V			F HISPAN	VIC OBIGINS	? (Specify Ye		v	E — American Indian,
1 Never Married 2XX Married	FORCES? 1	YES 2 NO	H	yes, spec	Ify Cube	n, Maxica	n, Puerto R			Black	k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE W	AH OH DATES	,	YES 2	MNO	Specin	y:			Spec	White
15. OECEDENT'S EOL		16a. DECEDEN					16b.	KIND OF BU	JSINESS/IN	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Ille. Do NO	of work done d T use retired.)			_					
12		Pipe	fitte	r - 1	Weld	er	C	onstr	uctio	on	
17. FATHER'S NAME (First, Middle, Lest)					18. MOTA	ER'S NA	ME (First, M	iddle, Maider	Sumame		
Carl Edward Co	ok				Dor	a Na	adine	Will	eby		
19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	(Street and	d Number	or Rural I	Route Numb	er, City or Tow	vn. Statu. 7	ip Code1	
Lela Cook											79007
20a, METHOD OF DISPOSITION		20b. PLACE AND DA				LIE	OATE		CATION -		
1 to Surial 2 Cremation 3 Ren	oval from State	cemetery, crematory	or other place!				1				2,702-5
21. SIGNATURE OF FUNERAL SERVICE OF	CENSE	Westlaw		PK.				, p Z B	or ge	L , I ∈	xas
- ()- line ()	111	LaUI.						ome,	Inc		
- John J	1-19	Jake (Y									ID. 21206
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b DUE TO	(OR AS A CONSEQUENCE	E OF):								
resulting in death) LAST	d										
PART II. Other aignificent condition	ns contributing to	death but not resulting	α in the un	derlylng	ceuse c	lven in	Part I	24a, WAS AN	VAUITOPSY	246	. WERE AUTOPSY FINDINGS
			ain	,	8	,		PERFO	RMED?	2.40	MAILABLE PRIOR TO COMPLETION OF CAUSE
								1 YES	2 🗌 NO		OF DEATH?
25. WAS CASE REFERRED TO MEDICAL											
EXAMINER?	HOSPITAL:		OTHER		CE OF O	EATH (Ch	eck only one)			
1 X YES 2 NO	-	ER/Outpatient 3 DO/	4 Nurs	ing Home		sidence	6 Other				
27. MANNER OF DEATH 1 Astural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		TIME OF INJURY M	28c. INJUF WORE 1 YE	K?] NO	28d, DE\$	CRIBE HOW	INJURY O	CURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At home, ten etc. (Specify)	m, street, facto	ory, office			28f. LOCA City o	TION (Streat r Town, State	and Numbe	er or Rural F	Route Number,
		my knowledge, death occ kamination and/or investig									a) end manner ea stated.
29b. SIZMATURE AND TITLE OF CERTIFIE 30. NAME AND ADDIESS OF PERSON WITH	e While	SE OF DEATH AVEN AT	ina Oden	2	29c, LICE	C.	MER		29d. DA	TE SIGNEO	(Month, Day, Year)
	orall 1			Str	eet	, B	alti	more	Mar	ylar	nd 21201
EED 9 1 1	900 Gus	in Tribles 10.	md.00								

	1. DECEDENT'S NAME (Fin	st, Middle, Lash 1. Barot	ist Clea:	rv. p	SM	,				2. DATE	OF DEATH	% Q'	(EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUM		5. SEX	-	yrs. last birthday)	1 III UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	-	67	ACE (State or Foreign
	220-54-8812	2	1 M 2 KF	82		MONTHS	DAYS	HOURS	MIN.	10/	11/09		Country)	Mass.
	9a. FACILITY NAME (If not	institution, give	street and number)		-	96. CIT	Y, TOWN C	OR LOCATI	ON OF DE			9c. COUNT		
R	Mercy Vill	a								Baltimon			more	9
ן ק	RESIDENCE OF DE	10b. COUNT	TV		100 00	ry, town	00 1 0 0 4 1	TION .					Lw	d. INSIDE CITY
DIRECTOR	Md.		altimore		100.01	r, rown	OH EUCKI	ION					- 1	LIMITS?
	10e. STREET AND NUMBE	n					101	r. ZIP COD	E			10g. CITIZE		T COUNTRY?
RA	6806 Bello	ona Ave	enue					212					JSA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Di		12. WAS DECEDEN FORCES? IF YES, GIVE	1 YES	2 200		If yea, sp			n, Puarto	I? (Specify Ye Rican, etc.)	s or No-	Black, V	American Indian, White, atc.
3	15, DE (Specify o	ECEDENT'S ED	UCATION te completed)		16a. DECEDENT'S				107	16b	KIND OF BU	SINESS/INDUS	STRY	
4	Elementary/Secondary		College (1-4 or 5	+)	Ille. Do NOT L	ise retired.)								
COMPL					Religi	ous	Sist					tholic	Chu	ırch
- 1	17. FATHER'S NAME (First, John G. Cle										Middle, Malden			
2	19a, INFORMANT'S NAME				106 MAII IN	G Anner	RC /Com -d				Wright	vn, State, Zip C	inda!	
2	Sr. M. Bria		S . M .									Md.		2
	20a. METHOD OF DISPOS	ITION		20b.	PLACE OF DISPO	SITION (N	lame of cer	matery, crer		Dai		CATION — CI		
	1 X Burial 2 Cremat 4 Donation 5 Oth		moval from State	W	other place)	-Ce	mete	ry			BAL	to, Mo	i.	
	21, SIGNATURE OF EUNER	AL SERVICE	CENSER			100		ND ADDRE		044 47774				
		INE SELLAIOF	7-11-1								_			
	23. PART I. Enter tha shock, or IMMEDIATE CAUSE (F disease or condition resulting in daeth)	diseases, or	complications the List only one car	rkir		not ante	Ster 736	ling Edmo	Ash ndsoi	ton :	enue	al Home 21228 diretory street		Approximat Interval Bet
ERTIFICATION	shock, or IMMEDIATE CAUSE (F disease or condition	diseases, or haert feilure	complications the Liet only one can DUE TO	O (OR AS A	the deeth. Do ch line.	not ante	Ster 736	Ling Edmon	Ash ndsoi	ton :	enue	21228		Approximate Interval Bets
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

BALTIMORE, MARYLAND 21215-0020

has been s Dept. of H n 23 shov r this certificate h Hem 6 the 28 is marked, TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT: If item 28 is man

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL

THE I

5 6 8

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 3. TIME OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) монтн 19- 1992 YEAR 5:15 A Marvin R. Connor 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 11-28-1932 DAYS HOURS 1 M 2 - F North Carolina 219-28-0420 9a, FACILITY NAME (If not institution, give 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1105 Anglesea Street Baltimore DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10c. CITY, TOWN OR LOCATION Baltimore Md. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1105 Anglesea Street, 21224 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: WHite BY 3 Widowed 4 Divorced ETED. 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) COMPLI 7th grade Laborer Lever Brothers 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Lilliy Mae Counts Elmer Connor BE 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1105 Anglesea St. Balto., Md. 21224 19a. INFORMANT'S NAME (Type/Print) 2 Joan Connor 20a. METHOD OF DISPOSITION

1 Buriet 2 Cremation 3 Removal from State 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State OATE 4 Donation 5 Other (Specify) 2-20-92 Green Mount Crematory Balto, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd., Dundalk, 21222 Md. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. interval Between Onset, and Death IMMEDIATE CAUSE (Finsi holapalu & exoplaced Loura disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):

Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

29b. SIGNATURE AND TITLE OF CERTIFIER

DUE TO (OR AS A CONSEQUENCE OF):

PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i.

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home Alasidence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO 2 Accident

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

24s. WAS AN AUTOPSY

1 TYES 2 T NO

2 MEDICAL EXAMINER: On the basis of examination a

b. SIGNATURE AND ITTLE OF CERTIFIER	Stall 1	Hysua	
NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH STEM 22) /New Print)	_

PULSEN 1/2 ML MILMARL

32. REGISTRAR'S SIGNATURE

1000 Julia Davidson-Pa

DHMH-16 Rev 1/89

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

3 should

medical the DIRECTOR: After this certificate has been signed by the attending physician and completely in hours after death with the State Dept, of Health and Mental Hygiene prior to burial, crematic them 28 is marked, or item 23 shows any injury, or other traumatic event, the Injury, r Is marked,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FEBRUARY 19 ALLEN DEFONTES J. Sr. 1997 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 9-1-1922 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MARY LAND 1 M 2 F DAYS HOURS 178-16-9923 69 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANCIS SCOTT K KEY MEDICAL BALTIMORE CITY CENTER 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE DUNDALK 1 YES XX NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 715 GREGWOOD COURT 21222 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1√√√ YES 2 □ NO IF YES, GIVE WAR OR DATES WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried It yes, specify Cubs BY Specify 3 Widowed 4 Divorced WW II WHITE COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE N/A ELECTRICIAN BETHLEHEM STEEL CORP 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) FRANK DEFONTES ALICE TRATTEN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOYCE E. DOFONTES 5 GREGWOOD COURT BALTIMORE. MARYLAND 21222 20e. METHOD OF DISPOSITION
1 [V] Burlel 2 □ Cremetton 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 1 N Burlel 2 Cremetion 3 4 Donetion 5 Other (Specify) GARDENS OF FAITH CEMETERY 2/22 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finsi Onset and Death Ventricula disease or condition resulting in deeth) (Mmes) DUE TO (OR AS A CONSEQUENCE OF): winar leake CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If eny, leading to immediate Cause Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 | YES 2 | 16 DE DEATH? mushe 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO ent 2 DER/Outpatien DOA me 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER Check only CERTIFYING PNYSICIAN: To the best of an inowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of ation and/or investigation, in my opinion, death red at the time, data and place, end due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day BE 29c, LICENSE NUMBER 3192 4 au 96 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 2011/1/200. Print)

CUAVE

Julia Davidson

FUNERAL Within 72 h THE 223

IMPORTANT: If Item

6 10

31. DATE FILED (Month, Day, Year)

anulin

32. REGISTRAR'S SIGNATURE

1992

OHMH-18 Rev 1/89

50 m 50

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Amouns after death. Page 6 may be retained by the hospital or attending processing the property of the statement of the processing of the proce	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR; After this be filed within 72 hours after death with the control of the	IMPORTANT: If item 28 is marke

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE	STATE OF M	ARYLAND /	DEPAR	TMENT OF H	IEALTH A	ND M	IENTAL H	IYGIEN	-	2	04837
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) Richard	d Sellman			ICATE OF	DEATH	_	2. DATE OF MONTH	D/	AY	YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 220-03-5630	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS R	IRS.	7. DATE OF (Month, Did 2/15)	y, Year)		92 8. BIRTH Countr	IPLACE (State or Foreign y) Md
DIRECTOR	90. FACILITY NAME (If not institution, give s 7205 Barlow Court RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DEATH						ty of D		
		altimore		10c. CIT	Y, TOWN OR LOCAT	TION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	7205 Barlow Court					21207					USA	VHAT COUNTRY?
B≺	1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 NO	MED	If yes, sp	ENDENT OF H	lexican,	C ORIGIN? (S Puerto Rice	pecify Yes	or No-	14. RACE Black Speci	- American Indian, c, Whita, atc. hy: white
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Giv	e kind of v Do NOT us	USUAL OCCUPATION work done during more retired.)	ON st of working		16b. KM		SINESS/INDU		
	17. FATHER'S NAME (First, Middle, Lest) Matthew W. Donavi	n		ales	anam			E (First, Middl Sellma	e, Maiden	DISCO Surname)	Con	ipany
TO BE	19a. INFORMANT'S NAME (Type/Print)	11			AODRESS (Street a	nd Number or	Rural Ro	ute Number, (ity or Town	n, State, Zip	Code)	
	Sharon Donavin 20e. METHOD OF DISPOSITION 12 Burlel 2 Cremetion 3 Rem	oval from State		NDDATE	Barlow (DEDISPOSITION (Na ther place)		Ba	DATE	20c. LO	2120'	ity or To	
	4 ☐ Donation 5 ☐ Other (Specify)	ENSEE	to Mo		22. NAME AN	ing A						le, Md.
	23. PART I. Enter the disesses, or cache, or heart failure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	. Acc	caused the dee	th. Do n	ot enter the mo	de of dying,	such	AVENU es cardiec	or reapli	ratory srre	st,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST		OR AS A CONSEQU									
MEDICAL	PART II. Other significent condition Reval	acontributing to	leeth but not re	suiting i	n the underlying	cause give	n In Pa		WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 [DOA	26. PL OTHER: 4 \subsection Nursing Home	S Raside			ect(v)			
BY PH	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF I (Month, Day	(Year)	286. TIME	OF 28c. INJU	JRY AT RK? ES 2 NO	2	Red. DESCRIE		JURY OCCU	IRED	
ETED	3 Suicide 6 Could not be determined	building, a	е. (Specify)		treet, factory, office			City or To	vn, Stele)			oute Number,
COMPLET	2 MEDICAL EXAMINE	CIAN: To the best of a	ny knowledge, deat	h occurre	d at the time, date	end pleca, and eath occured a	due to	the cause(a) me, data and	and meno	ner as stated	l, cause(a)	and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	+61	M	0		29c. LICENSE	NUMBE -O	969	+	P O	SIGNED A	(Month, Day, Year) -0/92
	Jerome H. Ginsber					Mall	; F	Randa	llsto	own, l	MD	21133

FOR STATE REGISTRAR 1.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH REG. N

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1992	YEAR	3. 1	3:2		atn a	м
1939	MAF	NYL	AN		Foreign	
	ALTIM			CIT	Y	
			INSID LIMIT	\$?		
	USA	WHAT	COUN	TRY?		
Yes or No—	14. RACE Black Speci	k, Wh	ita, alc	in ind		
BUSINESS/IN	DUSTRY					
len Surname)	CCUR	LEY	7			
own, State, Zi	,NY)25			
LTIMO			lata			
INC.	RE MI	D	21	22	9	
E30			Onse	val E	Betwe	ith
-50	THHO4			6	MO	2
AN AUTOPSY ORMED? 2 \(\text{NO}\)		COM!	ABLE	PRIOR N OF	CAUSE	is .
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V INJURY OC	CURED					
et and Numbe te)	r or Rural R	loute f	lumbei			
and due to ti		and	menre	r aa :	stated	

1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF	DEATN			3. TIME OF DEATN
MICH	AEL J	•EGAN									20 19	92	YEAR	3:20 a
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In	yrs. last l	birthday)	IF UNDER	R 1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF			a. BIRTH	IPLACE (State or Foreign
220-36-2715		1 XM 2 F	52		YRS.	MONTHS	DAYS	HOURS	MIN.	APR	17 19	39	MAR	YLAND
9a. FACILITY NAME (If not in	stitution, give s	street and number)		-		9b, CIT	r, TOWN	OR LOCATI	ON OF D		11 1,		INTY OF D	
THE JOHN:	S HOPK	INS HOSP	ITAL			В	ALT	IMORE	E			BA	LTIM	ORE CITY
RESIDENCE OF DEC	10b. COUNT													
MARYLAND	IOB. COUNT					BALT								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER							10	f. ZIP COD	E			10a. CIT	IZEN OF V	WHAT COUNTRY?
12 MALLOW	HILL	ROAD						212					JSA	WILL COOKING
11. MARITAL STATUS 1		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	L YES	2 (A) NO	ED		If yes, sp	CENDENT CONCERNS 2 2 NO	n, Maxic	NIC ORIGIN? (1 an, Puerlo Rice fy:	Specify Yes in, alc.)	or No—	14. RACE Black Speci	- American Indian, k, White, alc.
15. DEC	EDENT'S EDU	CATION	1	6a. DECE	DENT'S	USUAL O	CCUPATI	ON		16b. KI	ND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5		life. D	o NOT us	work done se retired.)	auring m	ost of working	19					
		(MASTERS)	5+	POI	ET					WR	ITING	3	_	
17. FATHER'S NAME (First, MI		37								AME (First, Mide				Sec. 1
EDWARD NELS		LN		_					ELMA		EGAR			LEY
1941. INFORMANT'S NAME (7) MOIRA PATRI		GAN		19b. I	MAILING O WI	EST	S (Street of 112T	H ST	or Rural	Route Number,	NEW	YORK	Ocode)	10025
METHOD OF DISPOSITI	n 3 🗌 Rem	oval from State	20b.P	LACE AN	DDATEC	OF DISPOS	ITION (N			DATE	20c. LOC	ATION -	City or To	wn, Stata
Donellon 5 Other		ENSFF b	NEV	V CA	THEI			ND ADDRE		2-22	RAT.	I.TWO	RE, 1	AD
· Charle	Ada	HI m	· lu			l"i	HUBB	ARD .	FUNE	RAL HO			DE M	21229
Sequentially list condition of any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injurithet initiated events	slete NG ry	с	(OR AS A C											
PART II. Other significer		ds contributing to	deeth but	not rea	uiting i	n the un	derlyin	g ceuse ç	jiven in	Part I. 24	n. WAS AN /		24b.	WERE AUTOPSY FINDING
										t	PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO EXAMINER?	MEDICAL						26. PI	ACE OF D	EATN (Ch	eck only one)				
1 TYES 2 NO		HOSPITAL:	ER/Outpeti	ent 3 🗆	DOA	OTHER		e 5 Ra	eldence	6 Other (S)	neckly)			
	Pending	26a. DATE OF (Month, D	INJURY		66. TIME	E OF	28c. INJ WC	URY AT		28d. DESCRI		JURY OC	CURED	
3 Suicide 6 C	ould not be	28s. PLACE O building,	F INJURY — etc. (Specify)	At home	, farm, s	treet, facto		YES 2	NO	28f. LOCATIO	ON (Street ar	nd Number	or Rural R	oute Number,
9a. CERTIFIER (Check only	FYING PNYSIC CAL EXAMINER OF CERTIFIER	CIAN: To the best of a:	my knowled camination a	ge, death	occurre	nd at the ti	me, data	and place,	ed at the	to the cause(s	own, State)	due to th	led. He Cause(s)	and menner as stated. (Month, Day, Year)
ROBERT E. 1. DATE FILED (Month, Day, W	Mc (ARTH 32. REGISTRA	M I)	To			KIN	5 HC	50	TOWER	# //	0 (BALTO	. MD 2/20

HISTIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IMPORTANT I item 28 is marked, or item 23 shows any injury, or other travematic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

54.J-14-0PF-1.P.

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1 P. 1

92

3. TIME OF DEATH

> Approximata Onaet and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1705 D M

2. DATE OF DEATH

	4. SOCIAL SECURITY NUM		11150	7						छरे	18	_ 9	12	1705	
	238 32-4		5. SEX		yrs. last birthday) YRS.	IF UNDER	DAYS	HOURS I	HRS. 7. D	ATE OF B	HRTH (, Ybar)		8. BIRTHI Country	PLACE (State or Forei	
	Be. FACILITY NAME (II not		street and number)		, ,	9b, CITY	, TOWN O	R LOCATION		10	146	9c. COUN	ITY OF DE	EATH	
DIRECTOR	Universi		spital			Ва	ltim	ore							
E E	10a. STATE	10b. COUN	TY		10c. CIT	ION					10d. INSIDE CITY LIMITS?				
	Md.				Baltimore									HEYES 2 N	
ERAI		yeth S	Street				101.	212:	30	10g. CITIZEN OF WHAT CON					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 State Wildowed 4 Div			ENT EVER IN I	2/E NO		If yes, spe	ENDENT OF I	Maxican, Pu	NGIN7 (Sp erto Rican	pecify Yea i, atc.)		14. RACE Black Specif	- American Indian , White, atc. y: American	
COMPLETED	15. DE (Specify or Elementary/Secondary (CEDENT'S EDinly highest grad	UCATION le completed) College (1-4 or		16a. DECEDENT'S (Give kind of v life. Do NOT us	work done				16b. KIN	D OF BUS	INESS/IND		Time I Tour	
	17. FATHER'S NAME (First,) Jame	Middle, Last)	Ellison						S NAME (F						
BE	19a, INFORMANT'S NAME ((Type/Print)			19b. MAILING	AODRES	S (Street a						Code)		
2	Woodrow	McCoy	7		1551	N. 1	Fult	on Ave	Ba	lto.	Md.	212	17		
	20a. METHOD OF DISPOSI	lon 3 🗆 Ref	noval from State	20b. P	tery, crematory or of	of DISPOS	ITION (Na			DATE		ATION — C			
	21. SIGNATURE OF FUNER		ICENSEE	— M	t. Zion		NAME AN	/22/92 0 ADDRESS	OF FACILITY			nsdow			
	1 (10	20 1	31 0	ita	10			ep Bro				-			
CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	tiona, odlate /ING ury	b DUE 1	TO (OR AS A C	CONSEQUENCE OF	F): F):	7					- Will		Interval Be Onset and	
MEDICAL	PART II, Other algnific	ent conditio	na contributing t	to death but	t not resulting i	n the ur	deriying	cause give	en in Part		YES 2	MED?		WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?	
CIAN:	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		ACE OF DEAT	H (Check on	ly one)					
PHYSICI	1 YES 2 NO		1 Inpatient 2		lent 3 DOA 28b. TIMI	4 🗆 Nun		5 Resid			-	I II III AAA			
BY PI		Pending Investigation		Day, Year)	INJ	URY M	WOI	ES 2 N		Bd. DESCRIBE HOW INJURY OCCURED					
0	3 Suicide 6 Homicide	Could not be determined	26a. PLACE buildin	OF INJURY g, atc. (Specify	- At home, tarm, s	straet, fact	ory, office			LOCATION City or Tox		nd Number (or Rural Ro	oute Number,	
				_		C-77/7-			d due to the	50000(0)					
			ER: On the basis of											and manner as sta	
E COMPLET	(Check only	DICAL EXAMIN	ER: On the basis of						at the Ilme,			due to the	SIGNED	(Month, Day, Year)	
BE COMPLET	(Check only one) 2 MEE	E OF CERTIFIE	ER: On the basis of	examination a	and/or investigation	n, in my o		eath occured	at the Ilme,			due to the	ceuse(s)	(Month, Day, Year)	
E COMPLET	(Check only one) 2 MEE	E OF CERTIFIE	ER: On the basis of	examination a	and/or investigation	n, in my o		eath occured	at the Ilme,			due to the	SIGNED		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Ellison

Leroy

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

-CFOY

BALTIMORE, MARYLAND 21203-3146

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X. Surs after death. Page 6 may be retained by the hospital or attending physician, TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trade hield within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. The mode of the postility of the same of the complete that the mode of the complete that the mode of the complete that the complete of the complete that the mode of the complete that the mode of the complete that the complete

	FOR 1 • STATE	STATE OF N	MARYLAND /		TMENT				MENTAL			12	04840
_	REGISTRAR		CE	TALIF	ICATE	UF	DEA	П		REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Lest) Raymond F.	Fogle							2. DATE MONTH	OF DEATH DA	9	YEAR	0:10 PMM
		5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month May	29, 1	902	Country)	ACE (State or Foreign ryland
œ	9a. FACILITY NAME (If not institution, give street Berlin Nursing				9b. CITY,		R LOCATI		EATH		nty of DEATH rchester		
일	RESIDENCE OF DECEDENT	5			<u> </u>						1102		
DIRECTOR	Maryland Worch	10c. CITY, TOWN OR LOCATION Ocean City								i i	Dd. INSIDE CITY LIMITS? YES XX NO		
FUNERAL	100. STREET AND NUMBER 12909 Center Drive	101. ZIP CODE 21.842							1	S. A.	AT COUNTRY?		
ΞI			T EVER IN U.S. AR	MED	13. 1	MAS DEC			VIC ORIGIN	? (Specify Yee			- American Indian,
BY	1 Never Married 2 Married	NO	1 1	f yes, sp		n, Mexice	n, Puerto F			Black, V Specify:	White white		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade on Elementary/Secondary (0-12)		(G	CEDENT'S live kind of Do NOT u	WORK done (se retired.)	during mo	N st of worki	ng	16b.	KIND OF BUS	INESS/IND	USTRY	
7	NA	NA		tee1	Rol1	ler				Steel	Compa	iny	
∑	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA		Middle, Meiden	_		
	John Andrew Fogle							Jess	ie M	cVey			
B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street s				ber, City or Tow	n, State, Zip	Code)	
임	Juanita R. Mumford	(Step-I	oghtr)	1.29	09 Ce	ente	r Dr	ive.	Oce:	an Cit	v. Mo	1. 218	842
	20e. METHOD OF DISPOSITION		20b. PLACE						000			City or Town	
	1 Donation 5 Other (Specify)	ral from State	_ Balti	lace)						Bal	timor	ce, Mo	1.
	21, SIGNATURE OF FUNERAL SERVICE LICE)	more	22.	NAME A	ND ADDRE	SS OF FA	CILITY				**
	Nel LEX	11/16								Homes	-		
	WM ITPALL	nath			33	331	Breh	ms L	ane,	Balti	more,	Md.	21213
	23. PART I. Enter the diseases, or co ahock, or heert fellure. Li				not enter	the mo	de of dy	ing, auc	ch aa card	diac or reep	iratory arr	eat,	Approximate Interval Between
ı	IMMEDIATE CAUSE (Final)										Onaet and Death
- 1	disease or condition resulting in death)		neo	v.	mo	N,	50	_					1 Ocas
	resulting in death)	DUE TO	O (OR AS A CONSE	OUENCE (OF):								
_		17	41	nn	4	٠,	t	12	1/	200	e		119.
ᅙ	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE (OF):	9							
M	cause. Enter UNDERLYING	1	Inte	-12	, , ,	14	121	0	2				Der.
Ĕ	CAUSE (Diseese or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE (OF):								60
CERTIFICATION	resulting in deeth) LAST		194	-									70
	DART II Oshor slavillanat conditions		death but ant		In Ab			aluaa la	Don't I		ALFRODAY	0.00	WERE AUTOPSY FINDINGS
AL	PART II. Other algnificent conditions					naeriyin	g cause	given in	Part I.	PERFOI		A	WAILABLE PRIOR TO
ă	Sen./e Seison	or	me	2-7-2	71		-			1 TYES 2	P □ NO		OMPLETION OF CAUSE OF DEATH?
ME	Jeisur	- 1	21201	· De	~							1	I YES 2 NO
PHYSICIAN: MEDICA													
N/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				T		LACE OF	DEATH (C	heck only o	ne)			
SIC		HOSPITAL:	ER/Outpetlant	3 🗆 DOA	4X Nu		ne 5 🗆 R	lesidence	8 🗆 Oth	er (Specify)			
H	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Ybar)	26b. TI	ME OF		JURY AT DRK?		28d. DE	SCRIBE HOW	NJURY OC	CURED	
	1 Natural 5 Pending Investigation	(moran,	Day, Iodiy	"	M		YES 2	□ NO					
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY - At h	ome, farm	street, fac	tory, offic	20		281. LOC	CATION (Street	end Number	r or Rural Ro	ute Number,
E	4 Homicide determined	bunging	, atc. (Specify)						City	or Town, State	,		
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the here	d my knowledge d	le eth nee	read at the	time de	and str-	a and d	a to the co	usals) and ma	0000 00 000	ted	
MP	(Check only one) 2 MEDICAL EXAMINER												end manner as stated
8				verige	, w. my			-12113		one prace, of			alli sode essentiti
BE (596. SIDNATURE AND TITLE OF CERTIFIER							CENSE NU			I .		Month, Day, Year)
10	11172	~	>				D	0202	26		2	2/21/	92
	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAS	OSE OF DEATH (IT	FM 27) (7/4	o Print)								

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2 1 1992 Juna Davidson-Rondelle

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with, Jun's after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the nedical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
	GIACOBBE	FIASTRO			2 3	0 90	1 4 m/4 m
- 1	4. SOCIAL SECURITY NUMBER 212-07-8680 A	5. SEX 8. AGE (In yrs. last	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State of Foreign untry)
OR	ON FACILITY NAME (If not institution, give st CHAPEL AILL COA	JU. Home 45	11 RA	NDAIISTOU	EATH	BAH.	F DEATH
ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CITY, TOWN O	R LOCATION			10d. INSIDE CITY
DIRECTOR	MD. BAL	-T.		PHSTOWN			1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 4511 Robosso	o RD.		101. ZIP CODE 21133		10g. CITIZEN C	F WHAT COUNTRY?
CNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF		MAS DECENDENT OF HISPA		e or No— 14. R	ACE — American Indian, lack, White, etc.
BY	1 Never Married 2 Married Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		f yes, specify Cuben, Mexics YES 2 NO Specific	у:	L's	SHITE
	15. DECEDENT'S EDUC (Specify only highest grade	completed) (G	CEDENT'S USUAL OF live kind of work done of Do NOT use retired.)		16b. KIND OF BU	ISINESS/INDUSTR	Y
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	laster	lailor	Selt-	emplo	reg.
BE CO	17. FATHER'S NAME (First, Middle Lest) Ferdinand	Fiastro			ME (First, Middle, Meidei	Donat	elli.
5	199 HOPEN ANT'S NAME (Type/Print)	1stro 19	b. MAILING ADDRESS	Rosedell Rosedell	And Ros	edgle M	2 21237.
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Reme 4 Donation 5 Other (Specify)		OF DISPOSITION (Na	Redeemery cromotory or	2/24 (CATION - City o	Town, State
	21. SIGNATURE OF FUNETIAL SERVICE LIC	EHRE	22.	NAME AND ADDRESS OF FA	ate Frindra	Hone	
	23. PART I. Enter the diseases, or o	omplications that caused the de	eath. Do not enter	the mode of dying, auc	ch ea cerdlec or resp	piratory arreat,	Approximate
	IMMEDIATE CAUSE (Final disease or condition	List only one couse on each line		6 -de0-1-0	scular.	Disea	Onset and Death
	resulting in deeth)	DUE TO (OR AS A CONSE Cartino Ma	OUENCE OF):	CYTOCO VA		77-5	MEARS
NO	Sequentially list conditions,			3 ladder	and	Tostat	e. Dyours
MATE	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):				,
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
	PART II. Other algnificent condition	a annialbuting to dott but not		4-4-4	D. 41 1.1 111		
MEDICAL	PART II. Other algument condition	a contributing to death but not	resoluting in the un	ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					_		1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	neck only one)		
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient :	DOA 4 Hun	t: sing Home 5 ☐ Residence	6 Other (Specify)		
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	
	2 Accident Investigation 3 Suicide 6 Could not be datermined	20s. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, atreet, fact	ory, office	26f. LOCATION (Street City or Town, State	end Number or Ru	ral Route Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowledge, d	eath occurred at the t	lme, date end place, end du	to the cause(e) end m	enner as stated.	
OM	one) 2 MEDICAL EXAMINE	R: On the basis of examination end/or	investigation, in my o	pinion, death occured at the	time, date end place, e	end due to the ceu	ee(e) and menner ee stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER R. M. Shal M.D.			29c. LICENSE NU	MBER .	29d. DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)	DISI	4cc - h -	11 2-	21-72.
	296. SIGNATURE AND TITLE OF CERTIFIER B. M. Shall M.D. 30. NAME AND ADDRESS OF PERSON WH R. M. SHAH. M.C. 31. DATE FILED (Month, Day 1997) FEB 2 1	10706 REI	STERSTO	MU BD. 0	MINEZIN	ur. M	21111.
	31. DATE FILED (Month, Day Year)	4 32. BEGISTRAR'S SIGNATURE	, 80 .				

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State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical
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	MONIANT TANES POSITOS							ATE OF DEATH ONTH DAY YEAR Q 18 92		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 220-56-3812		6. AGE (In yrs. le	et birthday) YRS.	JF UNDER 1 YEAR	-	24 HRS. MIN,	7. DATE OF BIFTTH (Month, Day, Year) June 3,19			LACE (State or Foreign	
90. FACILITY NAME (# not instite St. Joseph Ho	ution, give street and number)	1 43		96. CITY, TOW TOWS	N OR LOCATIO	ON OF DE		9c. COUN	TY OF DE	ATH	
	DENT Db. COUNTY		100	Y, TOWN OR LO						104. INSIDE CITY LIMITS?	
Maryland 10c. STREET AND NUMBER 138 West Twenty-fifth Street				timore		1 1 YES 2 10g. CITIZEN OF WHAT COUNTRY U.S.A.					
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGINAL Mexican, Puerto 1 YES 2 NO Specify:			NIC ORIGIN? (Specify Win, Puerto Rican, etc.)	Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: White			
(Specify only highest grade completed)				of work done during most of working If use retired.)				of Business/INDUSTRY			
17. FATHER'S NAME (First, Middle, Last) Nicholas Fochios				14.7	Eve	18. MOTHER'S NAME (First, Middle, Maiden Surname) Evelyn Nikoludis					
Van N. Fochic	os		15829	The second second	ullini		Route Number, City or To	ne, Mo	d. 21		
PD Burlel 2 Cremetion 4 Donation 5 Other (S) 21. SIGNATURE OF FUNERAL S	oeclfy)	of cemetary Gree	k Ort	hodox Ruc	Cemete AND ADDRES K Tows	on I	2/20/92 W Courty Funeral Ho	me, I	nc.		
23. PART i. Enter the dise shock, or hee iMMEDIATE CAUSE (Final disease or condition reaulting in death)	rt fellure. List only one c	euse on eech lin	•.		mode of dyi	ng, suc	h as cardiac or rea	piratory sm	est,	Approximate interval Between Onset and Death	
Sequentially list conditions,										month	
if any, laading to immedia cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in daath) LAST	a Cun	TO (OR AS A CONSE		Vanc	olla	705	ter			week;	
PART II. Other significant	conditions contributing	to death but not					Part I. 24a. WAS A	N AUTOPSY DRMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO I	HOSPITAL:	2 - ER/Outpetlant	_	OTHER: 4 Nursing			6 Other (Specify)				
27. MANNER OF DEATH	restigation 28e. PLACE	, Dey, Year) E OF INJURY — At h	INJURY WORK? I Y = At home, farm, street, factory, office 28f. LOC					SCRIBE HOW INJURY OCCURED ATKON (Street and Number or Rural Route Number, or Town, State)			
3 Sulcide 6 Co	ould not be building	ng, etc. (Specify)					1				

Osler Dr.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

William Bishai St. Toc. | Li

31. DATE FILED (Month, Day, Year)

37. REGISTRAR'S SIGNATURE

MD 21204

3. TIME OF DEATH

205

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

21227

Approximate intarval Between

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

COMPLETION OF CAUSE

1 TYES 2 TO NO

29d. DATE BIGNEO (Month, Day, Year)

Onest and Daeth

445

1 X YES 2 | NO

white

8. BIRTHPLACE (State or Foreign

Maryland

10g. CITIZEN OF WHAT COUNTRY?

9c. COUNTY OF DEATH

USA

21223

REG NO

2. DATE OF DEATH

7. DATE OF BIRTH

MONTH Feb

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

George W. Gange

5. SEX

& AGE (In yrs. last birthday)

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(Month, Day, Your 220-12-96507 1 M 2 | F be retained by the hospital or attending physician. It is should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BALTO University Hospital of Maryland DIRECTOR 10e STATE 10c. CITY, TOWN OR LOCATION Md. Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 321 S. Calhoun St. 21223 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—It yes, specify Cuban, Mexican, Puerto Rican, atc.) FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 8 page 5 should be detached Truck Driver Trucking once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) H John Gange Marie notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joyce L. Gange Calhoun St., Balto., Md. eq 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremetten 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 2/20 20c. LOCATION — City or Town, State Must director, nelery, cremetory or other place)
Loudon Park Cemetery Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home Ou men 5695 Main St. Elkridge. Md. by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Congestive Heart Failure
DUE TO (OR AS A CONSEQUENCE OF): the and completely fille burial, cremation, disease or condition resulting in death) event, and HE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to DUE TO (ON/AS A COMSEQUENT CAUSE (Disease or injury other that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL PERFORMEO? any DiaSetes 1 DIES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) certificate h h the State [d, or Item HOSPITAL:
1 ☑ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA OTHER: 1 YES 2 THO Ing Home 5 Reeldence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c Is marked, 1 Natural 5 Pending M 1 YES 2 NO BY After 1 death 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined DIRECTOR: / hours after d Item 28 is COMPLETED 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated. = 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND JTTLE OF CERTIFIER 29c. LICENSE NUMBER 띪 D 42668 David 13 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DAVID & AIRLA (MD) UNIV. OF MD Hospital Balto, MD 21201 DAVID B. AIELW MD FEB 2 1 1992 32. REGISTRAR'S SIGNATURE

who Davidson Gandale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

DHMH-16 Rev 1/89

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once. Ti notified 2 must examiner medicai # # event, traumatic

THE Pages 1, 2, 3 should

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hospital or attending physician.

MARYLAND 21215-0020

BALTIMORE.

BOX 68760,

P.0.

OF VITAL RECORDS,

DIVISION

24 hours after death. Page 6 may be retained by the funeral director, page 5 should be filled in by the fon, or removal. cremation, the attending physician and completely it Mental Hygiene prior to burial, crematic OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within signed by the peen 6 has be Dept. 1 s certificate h th the State (this c After 1 death DIRECTOR: A hours after d

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FUNERAL C within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

MARIO

31. DATE FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Items: 23 part I,27,28a,b,c,d,e,f per MEO G-685 3/4/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 3/ CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR GEORGE, ROBERT JR. 02 18 1992 10:47 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 6/29/1950 219-52-7450 1 X M 2 F 41 YRS BALTO., 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR 1504 E.FEDERAL STREET BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE CITY 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1504 E. FEDERAL STREET 21213 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 AO Specify: 1 Never Married 2 Married IF YES, DIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) ROBERT GEORGE, GENEVA GILL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 GENEVA GILL 1814 E. NORTH AVE BALTIMORE, 20a, METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE NATIONAL MEM. PARK 4 Donation 5 Other (Specify) LAUREL. MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME LOT 4600 LIBERTY HEIGHTS AVENUE 21207 Inter the disease, or complications that caused the deeth. Do not enter the mode of dying, such se cerdisc or respiratory arrest, shock, or heart fallure. List only one cause or each line: Approximate Interval Between IMMEDIATE CAUSE (Fine Onset and Death disease or condition resulting in death) Narcotic intoxication DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)-If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury c. DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificent conditione contributing to deeth but not reaulting in the underlying ceues given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) HOSPITAL: 1 | Inpatient 2 | ER/Outpetient 3 | DOA 1 X YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED found 2/18/92 UKn. 1 Natural 5 Pending Investigation subject ingested drugs M 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide Unknown Unknown 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated, MEDICAL EXAMINER: On the basis of agamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 291 SENATURE AND TITLE OF CENTYPER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE **▶**02-19-1992 O.C.M.E. 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

111 PENN STREET BALTIMORE MARYLAND 21201

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or	TOWERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up the within 72 hours after death with the State Deut, of Health and Mental Pholene ends to build, cremation, or removal	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF N				HEALTH AND	MENTAL	HYGIEN	E .	92	04845
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		3.	TIME OF DEATH
	DORTHEA A. GEL	LER					MONTH	-19	- 9	YEAR 2	9:55 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDER 1 YEAR	IF UNDER 24 HRS		OF BIRTH , Day, Ybar)		6. BIRTHPL	ACE (State or Foreign
	213-03-5095	1 🗆 M 2 🔀 F	82	YRS.	MONTHS DAYS	HOURS MIN.	SEPT	72.	1909	RATT	IMORE
	9e. FACILITY NAME (If not institution, give s	treet and number)		1 3	9b. CITY, TOWN	OR LOCATION OF		.24.		NTY OF DEAT	
DIRECTOR	186 CHERRYDELL R	OAD			CA	TONSVILI	LE		BA	LTIMO	RE
R	16a. STATE 16b. COUNTY	1		10c. CITY,	TOWN OR LOCA	TION				10	d. INSIDE CITY
	MARYLAND BAL	TIMORE		0	CATONSV	ILLE				1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER				1	of. ZIP CODE			10g. CITI	ZEN OF WHA	T COUNTRY?
	186 CHERRYDELL R	OAD				21228			U	.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. A	RMED	13. WAS DE	CENDENT OF HISE	PANIC ORIGIN	? (Specify Yes	or No-	14. RACE	American Indian,
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, OIVE W	YES 2 X	NO		pecify Cuban, Mex S 2 📉 NO Spe		ilcan, etc.)		Specify:	Thite, atc.
	Assumed the Edition										WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S U	SUAL OCCUPAT rk done during rr retired.)	ON ost of working	16b.	KIND OF BU	SINESS/IND	USTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 8+	,								
₹	12TH GRADE		В	OOKKEE	EPER		GL	OBE VI	ENETI	AN BL	IND
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First, M	liddle, Maiden	Sumame)		
BE	GEORGE V. GELLE	R				FLORE	ENCE M	. CRA	[G		
2	19e. INFORMANT'S NAME (Type/Print)					end Number or Run					
	MRS. GLORIA H. PE	PPLER		8 HARV	ARD RD	.,-GLEN	BURNI	E, MAI	RYLAN	D 210	60
	20s. METHOD OF DISPOSITION 1 DyBuriel 2 Cremation 3 Remo	oval from State	20b. PLACE	AND DATE OF	DISPOSITION (A	ame of	DATE	20c. LO	CATION -	City or Town,	State
	4 Donation 5 Other (Specify)		LOUDO	N PARK	CEMET	ERY	2/2	2 BA	LTIM	ORE	
	21. SIGNATURE OF FUNERAL SERVICE LIC	HIM-	les		HUBBA	ND ADDRESS OF RD FUNER WILKENS	RAL HO			F MD	21229
	23. PART I. Enter the diseases, or o	omplications that	caused the d	aath. Do no	t antar the m	oda of dying, se	uch as card	ac or reapi	ratory arr	est,	Approximate
	shock, or heart failure.	List only one caus	se on each lin	a.							Interval Batween Onset and Death
	disease or condition	En	when	ene							
	resulting in death)		MAS A CONSE	CO PRODU							Onset and Death
		DUE 10 (INU WE W CRUISE	QUENCE OF:	1.0				_		Criset and Death
_	-	Due 10	er on	elm	rale						Onset and Death
NOIL	Sequentially list conditions,	OOE 10	n C	elm	rale						Criser and Death
CATION	If any, leading to immediate cause. Enter UNDERLYING	OOE 18-	n C	alm Quence Or)	rale						Onest and Death
IFICATION	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUETR	OR AS A CONSE	alm OUENCE OF)	rale	,					Onest and Death
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUETR	n Cn	alm OUENCE OF)	rale	,					Onest and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	OUE TO (OR AS A CONSE	OUENCE OF):							Onest and Death
	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSE	OUENCE OF):			In Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	OUE TO (OR AS A CONSE	OUENCE OF):					MED?	AM CO	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETTON OF CAUSE
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	OUE TO (OR AS A CONSE	OUENCE OF):				PERFOR	MED?	AM CO OF	RE AUTOPSY FINDINGS
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PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in desth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending	DUE TO	OR AS A CONSE	QUENCE OF:	28. POTHER: Nursing Hoto	g ceuse given i	Check only one	PERFOR 1 YES 2	MED?	AM CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETTON OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in desth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, De 28e. PLACE OF	OR AS A CONSE	QUENCE OF) resulting in DOA 4 20b. Time.	28. POTHER: Nursing Hot OF 28c. IN W 1	g ceuse given i	Check only one 8 Other 28d. DCS	PERFOR 1 YES 2 (Specify) CRIBE HOW II	MED?	AM CC OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETTON OF CAUSE DEATH? YES 2 NO
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BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impetient 2 28e, DATE OF (Month, De building, of the best of a control of the best of a control of the building, of the best of a control of the best of a	DR AS A CONSE DR AS	resulting in DOA 4 20b. Time 6 INJUF	28. P THER: Nursing Hor OF 28c. IN W 1 eet, factory, offile	g ceuse given i	Check only one 8 Other 28d. DESC 28f. LOCA City o	PERFOR 1 YES 2 (Specify) (Specify) CRIBE HOW II TION (Street at Town, State)	MED? NO NJURY OCC Ind Number	AM CCC OPP 1 1 (RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in desth) LAST PART II. Other aignificant condition. 25. WAS CASE REFERRED TO MEDICAL. EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: Impetient 2 28e, DATE OF (Month, De building, of the best of a control of the best of a control of the building, of the best of a control of the best of a	DR AS A CONSE DR AS	resulting in DOA 4 20b. Time 6 INJUF	28. P THER: Nursing Hor OF 28c. IN W 1 eet, factory, offile	g ceuse given i	Check only one 8 Other 28d. DESC 28f. LOCA City o	PERFOR 1 YES 2 (Specify) (Specify) CRIBE HOW II TION (Street at Town, State)	MED? NO NJURY OCC Ind Number	AM CCC OPP 1 1 (RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
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AVENUE - BALTIMORE, MARYLAND

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CATON

900

31. DATE FILED (Month, Day, Year)
FEB 2 1 1992 32. REGISTRAR'S SIGNATURE
JUNA DAVIDSON-RENDER

DR. JOSEPH H.MILLER

DHMH-16 Rev 1/89

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the sales

NO OF VITAL RECORDS, P.O. BOX 68760, NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by this lybigita fler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	y filled in by	ON OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
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	FOR	OTATE OF MAR						2 0484	6
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		YLAND / DEPAR CERTIFI	CATE OF		REG.	NO.	3. TIME OF DE	EATH
113	DELTA GILLUM					FEBRUAR!	18,	1992 3:07	Рм
	4. SOCIAL SECURITY NUMBER 234-32-4182	5. SEX 6. A	GE (In yrs. lest birthday) 66 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		8. BIRTHPLACE (State or WEST VIRGI	
JR.	9a. FACILITY NAME (If not institution, give THE JOHNS HOPKIN			96. CITY, TOWN BALTI	OR LOCATION OF D	EATN		NTY OF DEATN	
15	RESIDENCE OF DECEDENT				110111		DAU.	THORE CITE	
DIRECTOR	MARYLAND 10b. COUNT	BALTIMORE	10c. CITY	, TOWN OR LOCA	ESSEX			10d. INSIDE CI LIMITS? 1 TYES 2	
FUNERAL	100. STREET AND NUMBER 1208 BRIDGE CROSS	SING ROAD		19	OI. ZIP CODE	221	10g. CIT	U.S.A.	?
B	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 NO	II yes, s	CENDENT OF NISPA pecity Cuben, Mexic S 2 NO Speci	NIC ORIGIN? (Specifi an, Puerlo Ricen, etc. fy:	Yes or No—)	14. RACE — American In Black, White, etc. Specify: WHIT	
	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S I	USUAL OCCUPAT	ION	18b. KIND OF	BUSINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) UN KNOWN	College (1-4 or 5+) UNKNOWN		ork done during m retired.) RDER CLI			PHARMA	CEUTICAL	
BE CO	17. FATNER'S NAME (First, MIDDIE, Lest) MICHAEL MCVICKER				OCIE	AME (First, Middle, Me BELLE P	ROUDFO		
T0	190. INFORMANT'S NAME (Type/Print) S. DARLENE BOSSER		6800 C	CONLEY S	and Number or Rural STREET	Route Number, City or BALTIMOR			224
	29e, METHOD OF DISPOSITION XX Burlel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	20b. PLACE AND DATE O					City or Town, State MORE, MARY I	AND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Der.		RUCK FUN WISE AVE			UNDALK INC.	
	23. PART I. Enter the disease, or ehock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause o	n each line.				eapiratory an	Interval	mate Between nd Death
ERTIFICATION	disease or condition resulting in death) Acute Myoczidal Tsuhu. 2 Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST Due to (or as a consequence of): Oue to (or as a consequence of): Oue to (or as a consequence of):								cusus
PHYSICIAN: MEDICAL CI	PART II. Other aignificant condition	ns contributing to deet	h but not resulting in	the underlying	g cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2 2	OR TO
AN	25. WAS CASE REFERRED TO MEDICAL								
Sici	EXAMINER?	HOSBYTAL:		OTHER:	LACE OF DEATN (C)				
	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Yes	RY 28b, TIME	OF 28c. IN	JURY AT ORK?	8 Other (Specify) 26d. DESCRIBE HO	W INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 4 Nomicide determined Investigation M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, etreet, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET		ICIAN: To the best of my ki							stated
BE	2004 SIGNATURE AND TITLE OF CENTIFIE				29c. LICENSE NU			E SIGNED (Month, Day, Yea	
2	1 0 - 1 131 -	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, I	Print) JH	4-600 W		of . / 100	2 13 M2-31	705
	31. DATE FILEO (Month, Day, Year)	32: REGISTRAR'S S	IGNATURE	1 Kenz	suite-	107 13	211000	14721	629
%	L FFRZ	1 1992 9	the Davidson	Rando Do					-16 Rev 1/R

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1	STATE OF ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 feours after death. Page 6 may be retained by the hosp	INFORM DIFFERENCE And this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NRT. If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR	STATE OF MARY	/I AND / DEPAI	RTMENT OF	UEAITU ANN B	AENTAL UVCIEN	72	04847
1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last	,	CERTIF	ICATE OF	DEATH	REG. NO		
JUNE	HANKO	FF				AY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	40 7	B. BIRTHPLACE (State or Foreign
217-26-9341 99. FACILITY NAME (If not institution, give	1 - M 2 1 F	66 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Ybar) October 29	,1925	Virginia
Baltimore County	,	spital	Randal1		ATH		altimore
10a. STATE 10b. COUN	TY, TOWN OR LOCA	TION			10d, INSIDE CITY		
Maryland	Baltimore			Randal1	Lstown		LIMITS? 1 YES 25(X) NO
			10	t. ZIP CODE		10g. CITtZi	EN OF WHAT COUNTRY?
3801 Schnaper Dr				211			ed States
11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yell free, specify Cuban, Maxican, Puerto Ricen, stc.) 1 YES 22 NO Specify:			n or No 1	4. RACE — Americen Indian, Black, White, etc. Specify:
15. DECEDENT'S ED	UCATION	16. DECEDENT'S	USUAL OCCUPATI	ON			Caucasian
(Specify only highest grade	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mase retired.)	ost of working	16b. KIND OF BU	SINESS/INDU	STRY
17. FATHER'S NAME (First, Middle, Last)		Homemal	ker	l a series		Home	
Gideon Metts				18. MOTHER'S NAM	Me (First, Middle, Meiden Myrtle H		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	O ADDRESS (Street	and Number or Rural R	oute Number, City or Tow		(ode)
Mr. Sydney D. Ha	nkoff						m, MD 21133-4
20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rei 4 Donation S Other (Specify)	moval from State	OH PLACE AND DATE	OF DISPOSITION /A	ame of	0.475 200 10	CATION O	ly or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	N.	22. NAME A	NO ADDRESS OF FAC	ILITY		rs, INC. MD 21133-47
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	4		MA			Interval Between Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE O					
PART II. Other algnificant condition	ns contributing to death	but not resulting	in the underlyin	g cause givan in F	Part I. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS
					_		OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Chec	ck only one)		
1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/OL	stpatient 3 Doc	OTHER:				
27. MANNER OF DEATH	28a. OATE OF INJURY	Y 28b, TIM		URY AT	28d. OESCRIBE HOW II	WILLIBA COCCI	REO
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)) IN.	M 1 🗆	YES 2 NO	and organise from it	NSONT OCCO	NEO .
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, atc. (Sp	ecity)	street, fectory, offic	•	281. LOCATION (Street e City or Town, Stete)	and Number or	Rural Route Number,
	SICIAN: To the best of my kno						l. cause(e) end manner ae stated
29b. SIGNATURE AND TITLE OF CERTIFIE			, at any opinion, c	29c. LICENSE NUM			SIGNED (Month, Day, Year)
C. New	M			237	733	> 2	-20.92
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF C	BATH (ITEM 27) (Type	AND.	AUS7	DWN,1	10	21133
FEB 2 1 1992	32. REGISTRAH'S SIG	Philipped .	· · · · · · · · · · · · · · · · · · ·				

BALTIMORE, MARYLAND 21203-3146	SICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	MISSIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	INTERAL DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the intermediate of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TIME II Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last)	В.	1.1	115		2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213 01 4555 90. FACILITY NAME (If not institution, give s	1 🖾 M 2 🗆 F	7 YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 12/3/04)	BIRTHPLACE (State or Foreign Country) Va.
OR	Francis Scott		96.		timore	EATH	9c. COUNT	Y OF DEATH
- DIRECTOR		Balto		WN OR LOCATI	ore			10d, INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 2607 Saffa	Rd.		101.	21222		10g. CITIZE	N OF WHAT COUNTRY? USA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe		IIC ORIGIN? (Specify n, Puerto Rican, etc.)		t. RACE — American Indian, Black, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Labo)	done during mos ired.)	N It of working	16b. KIND OF Stee	BUSINESS/INDUS	втяу
NO.	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mei		
B	Robert Harri	S	10h MAILING ADD	OPESS /Street at		ry Cole		nde)
임	Elizabeth Harr	is	2607 Sa	affa I	Rd. Bal	to., Md	. 2122	2
	20a METHOD OF DISPOSITION TO Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	PLACE OF DISPOSITIO other place) King Men				LOCATION — CH	
	21. SIGNATURE OF FUNERAL SERVICE LIC					cium cton & S	Balto.	, Ma.
	ameso	2. morto						Md 21217
CERTIFICATION	IMMEDIATE CAUSE (Final	a. MY OCAL DUE TO (OR AS A OCAL DUE TO (OR	ch line.					Approximate Interval Between Onset and Death 16 // /5
	PART II. Other algnificent condition	d.	A ==A ====H== I= AA			n at [
PHYSICIAN: MEDICAL	PANT II. Ottom augmitted Condition	a contributing to death bu	t not resulting in tr	ne underlying	ceuse given in	PER	S AN AUTOPSY IFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		1
IYSI	1 YES 2 NO	1 Inpatient 2 ER/Outpa	tlent 3 DOA 4			6 Other (Specify)		
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY	WO	PK?	28d. DEŞCRIBE HO	OW INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, stc. (Specif	At home, ferm, atree	t, factory, office		281. LOCATION (Str City or Town, S		Rural Route Number,
COMPLETED	and .	ICIAN: To the best of my knowle ER: On the best of examination						
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	R O			29c. LICENSE NUI	WBER	29d. DATE	SIGNED (Month, Dey, Year)
2	30. NAME AND ACCRESS OF PERSON WH	O COMPLETED CAUSE OF THE	TH ATEN ON A	-01	514	19	7	119/92
	Charles De 31. DATE FILED (Month, Day, Year)	dural	601	NW	offe 3	57	Bolt.	imme
	FEB 2 1 1992 7	32. REGISTRAR'S SIGNA	Latte.		100			

1	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLANI	TO WE HUSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	THE UNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	MPONINNT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		HUSP!	THE UNES	MPOUNT

	1 - FOR STATE REGISTRAR	OF MARYLAND /	DEPARTMENT OF	F HEALTH AND OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) IDA HUOVINEN	Ida Eliina H	uovinen		2. DATE OF DEATH OUT 20	92 3. TIME OF DEATH	_		
	4. SOOAL SECURITY NAMED 5. SEX	8. AGE (In yrs. last	birthday) IF UNDER 1 YE YRS. MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 0/ 17 00	8. BIRTHPLACE (State or Foreign Country) Finland			
TOR	CHURCH HOSPITAL (,	77.7	WN OR LOCATION OF D	EATH 9c	:. COUNTY OF DEATH			
DIRECTOR	100. STATE 10b. COUNTY		10c. CITY, TOWN OR E			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	602 S. Tolna Street			101. ZIP CODE 2/224	10	g. CITIZEN OF WHAT COUNTRY?			
ВУ		DECEDENT EVER IN U.S. ARI ES? 1 YES 2 N B, GIVE WAR OR DATES	O If yo	DECENDENT OF HISPAI s, specify Cuban, Maxica YES 2 NO Specif					
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College ((Gh ite.	EEDENT'S USUAL OCCU e kind of work done durin DO NOT use retired.) Housework	PATION g most of working	16b. KIND OF BUSINES	SS/INDUSTRY			
BE COI	17. FATHER'S NAME (First, Middle, Lest)	attinen		18. MOTHER'S NA	ME (First, Middle, Maiden Surne	ame)			
10	190. INFORMANT'S NAME (Type/Print) Raymond A. Huovinen	196.	MAILING ADDRESS (St. 502 S. Tol	ra St. Bal	to. Md. 2122	nte, Zíp Code)			
	20s. METHOD OF DISPOSITION 1	20b. PLACE A	ND DATE OF DISPOSITIO		OATE 20c. LOCATIO	DN — City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Zele	Cha	e ano Address of Fa rles S.Zei	ler & Son In	6224 c. Eastern Ave.			
CERTIFICATION	23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, and another than the cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algnificant conditions contribu	ting to death but not ra	aulting in the under	ying cauaa givan in	Part I. 24e. WAS AN AUTO PERFORMED 1 YES 2 N	AVAILABLE PRIOR TO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 N NO 1 1 M Ingel	AL:	OTHER:	. PLACE OF DEATH (Che			\exists		
ву РНУ	27. MANNER OF DEATH 28s. 1	ant 2 ER/Outpatient 3 DATE OF INJURY Month, Day, Year)	28b. TIME OF 28c.	INJURY AT WORK? YES 2 NO	8 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY	Y OCCURED			
	3 Suicide 8 Could not be 4 Homicide determined	PLACE OF INJURY At hom building, etc. (Specify)	e, ferm, street, factory,	office	281. LOCATION (Street and No City or Town, State)	umber or Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the bi	best of my knowledge, dest	h occurred at the time,	late and place, and due n, death occured at the	to the cause(a) and manner a time, data and place, and dua	is stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Med. Sp	erialit	29c LICENSE NUM D 40 3	56	DATE SIGNED (Month, Day, Year) 02/20/92	7		
				AYNAVAR	P2 10: MD	21231			
	FFB 2 1 1992 Johan	GISTRAR'S SIGNATURE	2						

and the second s Bereit until 1 1 S to the transfer of the transfe and the second second second

funeral director, page 5 should be detached for use as the burial-transit

filled in by the fi

completely filled rial, cremation, c

the attending physician and com Mental Hygiene prior to burial,

certificate has been signed by it the State Dept. of Health and

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Reginala

31. DATE FILED (Month, Day, Year)
FFB 8 1 1982

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PROSLEY MD

Pages 1, 2, 3 should

permit.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within
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92 04850 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH OhN 1AC 92 KSON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 6 - K-27 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 225-24-6544 Country) 1 M 2 D F MONTHS DAYS HOURS MIN. VRS 9a. FACILITY NAME (If not institution, give street and 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 814 montford DIRECTOR Balto. Cita RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MY Balto. City 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 814 montford 10g. CITIZEN OF WHAT COUNTRY? 21213 USA WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 Socity: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) TRUCK Driver 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George TACKSON 품 Emma Annepolis Jackson BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9 20a. METHOD OF DISPOSITION
1 ☑ Burlet 2 ☐ Cremetion 3 ☐ Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must DATE / cometary, crematory or other place) 8/20/02 4 Donation 8 Other (Specify) BAIL. medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE William C. Brown do mon un ity f. H. Mysmus 1204 W. North 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory street, shock, or heart failure. List only one cause on each line. Approximate Interval Betw **IMMEDIATE CAUSE (Finel** Onset and Desth traumatic event, the disesse or condition resulting in death) OLUCER OF The DUE TO (OR AS A CONSEQUENCE OF): ducer CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 YES 2 NO 1 [] YES 2 [] NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 💢 Residence 6 ☐ Other (Specify) 6 L DIRECTOR: After this cert hours after death with the litem 28 is marked, o 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DEȘCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide DATANT: If Item 29a. CERTIFIER
(Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

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1235 E. Monument

Mar Variance

3876	cuted w
OX (be exe
0.B	ertificate
S, P.	death o
ORD	that the
SEC	requires
LAL	The law
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760	IN TIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, L CLIFTON	JOWERS			2. DATE OF DEATH		SAR 3. TIME OF DEATH 7:40 P		
4. SOCIAL SECURITY NUMBER 219-28-2007	1 ₺ M 2 🗆 F 57		F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	(1) (1) (1) (1)		BIRTHPLACE (State or Foreign Country) S.C.		
98. FACILITY NAME (If not institution, g THE JOHNS HOP	PKINS HOSPITAL	9	BALTIMORE	DEATH	9c. COUNTY BALT	OF DEATH IMORE CITY		
THE JOHNS HOP RESIDENCE OF DECEDENT 100. STATE MD 100. CO			TI MORE			10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO		
921 N. WASHING 11. MARITAL STATUS	TON STREET		101. ZIP CODE 21205		1	OF WHAT COUNTRY?		
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 X NO	13. WAS DECENDENT OF HISI If yes, specify Cuban, Max 1 — YES 2 N NO Spe	icen, Puerto Rican, atc.)	1	RACE — American Indian, Black, White, atc.		
Specify only highest of Elementary/Secondary (0-12) 11 th 17. FATHER'S NAME (First, Middle, Last)	grade completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of won life. Do NOT use r	k done during most of working ettred.)	BETHLE	HEM STE	TRY		
LORO JUWERS)		BERNI					
EVELYN JOWERS		921 N.	WASHINGTON ST	BALTIMORE	, MD 2.	1205		
209. METHOD OF, DISPOSITION 1 N Buriel 2 Cremetton 3 F 4 Donation 5 Other (Specify)	Removel from State Com	PLACE AND DATE OF I		RAN	IDALLST	or Town, State OWN, MD		
Mune	A. Thomp	appe	WM.C.MARCH F	.H./1101 E.				
23. PAH . Entar the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	disease or condition							
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	to Immediate NDERLYING o or Injury a Renal Failure 7 day							
that initiated events resulting in death) LAST								
PART II. Other algorificent conditions in the second secon	tiona contributing to death be	ut not reaulting in t	ha underlying ceusa given i	in Part I. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No 27. MANNER OF DEATH	HOSPITAL:		26. PLACE OF DEATH (<u></u>			
III 1 Matural 5 Pendino	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O		26d. DE\$CRIBE HOW I	NJURY OCCURE	ED		
	be 26s. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre-		281. LOCATION (Street & City or Town, State)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
3 Suicide 4 Homicide 5 Could not determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	IVSICIAN: To the best of my knowl	edge, death occurred a	it the time, data and place, and do	ue to the cause(e) and mer	nner se stated.	use(a) and monner as stated.		
BO SHOWATURE BUSINESS OF CONTIN	to the second		29c. LICENSE N	UMBER		GNED (Month, Day, Year)		
20. NAME AND ADDRESS OF PERSON ROBAT BOSTU	WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pri	nt)					
FEB 2 1 1992	Julia Savidson-Ran							



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, L	net)					OF DEATH			3. TIME OF DEA	гн
Antonie	Μ.	Koran			0.2	19		9 2	8:00	Рм
4. SOCIAL SECURITY NUMBER 215-22-2227	5. SEX 6. AG	89 VRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH h 22, 1		8. BIRTH Count	IPLACE (State or Fi	
98. FACILITY NAME (# not institution, g Meridian Nurs 16 Fusting Av RESIDENCE OF DECEDENT	ive street and number) ing Home enue			OR LOCATION OF D			9c. COUR	NTY OF D		
10a. STATE 10b. CO		10c. CIT	Y, TOWN OR LOCA						10d. INSIDE CITY	r
Maryland			Balti						1X YES 2	NO
4713 Glenarm A	venue		10	ZIP CDDE	6			. S.	A.	
Meridian Nurs 16 Fusting Av RESIDENCE OF DECEDENT 10e. STATE 10b. COM Maryland 10e. STREET AND NUMBER 4713 Glenarm A 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes, ap	endent of Hispa ecity Cuban, Mexic XX ND Speci	an, Puerto R		or No-	14. RACI Bleck Spec	E — American Indi k, Whita, atc. Hy: White	an,
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) NA 17. FATHER'S NAME (First, Middle, Last	EDUCATION rade completed) College (1-4 or 5+)		USUAL OCCUPATION ork done during more retired.)		16b.	KIND OF BUS	BINESS/IND	USTRY		
NA 17. FATHER'S NAME (First, Middle, Last	NA	Seam	stress				rtme	nt S	tore	
Josef Minarlk				16. MOTHER'S N. Augus			Sumame)			
19a. INFORMANT'S NAME (Type/Print) George F. Koran	(502)			and Number or Rural					1060	
20a. METHOD OF DISPOSITION	2	Ob. PLACE AND DATE O	OF DISPOSITION (N	Terrace,	DATE		cation —			
1XXBurial 2 Cremation 3 1 4 Donation 5 Other (Specify)	temoval from Stata	Bonemian	National	Cemete	ry		ltim			
21. SIGNATURE OF FUNERAL SERVICE	0 //		Schin	no address of Fa	neral				01010	
23. PART i. Enter ha diseasea,		and the exacts. Do o	333T	Brehms 1	Lane,	paiti	more	, Md	Approxim	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	S A CONSEQUENCE OF	F):	DiNa	200	las	35	EDI		
PART II. Other algnificent conditions and algorithms are conditionally as a second condition and algorithms are conditionally as a second condition and are conditionally as a second condition and are conditionally as a second conditional conditi	ilona contributing to death	but not resulting i	in tha undariyin	g cause given in	Part i.	24s. WAS AN PERFOR	MED?	24b	WERE AUTOPSY F AMILABLE PRIOR COMPLETION OF OF DEATH?	TO CAUSE
25. WAS CASE REFERRED TO MEDICA			26 P	ACE OF DEATH (C	beck only on	al I				
EXAMINER? 1 X YES 2 NO	HOSPITAL:	ulastient 3 🗆 so.	OTHER:							
27. MANNER OF OEATH	26e. DATE OF INJUR			e 5 Rasidenca URY AT		(Specify) CRIBE HOW IN	u II Ipo	NIDES.		
1 Natural 5 Pending	(Month, Day, Year) INJ	M 1	PRK?	280. DES	CHIBE HOW IN	YJURY OCC	UHED		
9 Culalda	Dullging, etc. (S)	RY — At home, ferm, a pecify)	street, factory, offic	•		ATION (Street a or Town, State)	nd Number	or Runsi F	Route Number,	
	IYSICIAN: To the best of my kno) and menner as s	tated.
				29c. LICENSE NU					(Month, Day, Year)	
296. SIGNATURE AND TITLE OF CERT	1xx	_		O.C.M.					1992	
30. NAME AND ADRESS OF PERSON	WHO COMPLETED CAUSE OF									
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S GIA	111 Pe	m Stre	et. Bal	timo	re M	ary1	and	21201	
EEE	9 1 1992 9	WAS DAVIDSON	-Manage							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial minit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Las		othy k	Kendall ENDA	LL		2. DAT		DAY	YEAR	The OF DEATH
	4. SOCIAL SECURITY NUMBER 219-61-7652 98. FACILITY NAME (If not institution, give	1 🗆 M 2 🛮 F	AGE (In yrs. les 70	yrs. Fu	NDER 1 YEA		May	OF BIRTH	921	B. BIRTHPLAC Country) Pa.	E (State or For
CTOR		TAL COP	Port		3	A-LTIM		City	Bc. COUN	TY OF DEATH	
AL DIRECTOR	10a. STATE 10b. COUNTY 10c. STREET AND NUMBER	NTY		Bal	vn on Lo timo				T	1 2	INSIDE CITY LIMITS? YES 2
FUNERAL	1004 Andover Road					21218			l	ISA	COUNTRY?
D BY FL	1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 1	NO NO	If yes,	BECENDENT OF HISF apocify Cuban, Max ES 2 NO Spe	ican, Puerto	N? (Specify Ya Rican, etc.)	1.	14. RACE — AI Black, Whi	merican India ta, atc.
PLETE	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)		(G life.	ECEDENT'S USUA live kind of work do Do NOT use retire Maker	one during	NTION most of working	16	b. KIND OF BU	SINESS/INDU	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Paul Komorowski					18. MOTHER'S	a	-			
101	190. INFORMANT'S NAME (Type/Print) Ralph J. Kendall			1004 And	over	Road Balti	el Route Nun Imore,	Md. 212	vn. State, Zip C	Code)	
	20a. METHOD OF DISPOSITION 1	moval from State	20b. PLACE	AND DATE OF DISI	POSITION E ^{e)} Con	o. Feb.24,	1992 PA	TOM	SON, MC	ity or Town, Si	inte
	21. SIGNATURE OF FUNERAL SERVICE I	Stadden	/		Leon	and address of ard J. Ruck	FACILITY INC.	5305 Ha	rford R	Coad Bal	timpre
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	in re	Spire DUENCE OF): L was DUENCE OF):			2	•			Interval B
MEDICAL	PART II. Other aignificent condition	ons contributing to dee	eth but not re	esuiting in the	underly	ing cause given i	n Part i.	24n. WAS AN PERFOI 1 YES 2	RMED?	AWAIL. COMP OF DE	AUTOPSY FI ABLE PRIOR LETION OF C EATH? YES 2 1
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C	Check only o	ne)			
S	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Dispetient 2 ER 28a. DATE OF INJU (Month, Day, X	JRY	DOA 4 1	Nursing H	Oma 5 Realdence NJURY AT VORK? YES 2 NO	_	F (Specify)	NJURY OCCU	RED	
у РНУ							28f. LOC	ATION (Street or Town, State)	and Number or	Rural Route N	umber,
TED BY P	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a, PLACE OF IN	JURY At hor (Specify)	me, farm, street, (actory, or		"",	or lown, Glass)			
ETED BY P	2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER Check only	28a, PLACE OF IN	(Specify) knowledge, der	ath occurred at th	ne time, de	ite and place, end du	ue to the car	use(a) and mar	ner se stated	i. cause(a) and r	nanner aa sti
BE COMPLETED BY P	2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CLATIES	28a. PLACE OF IN. building, stc. SICIAN: To the best of my left. On the bests of exemise	(Specify) knowledge, dea netion and/or is	ath occurred at th	ne time, de	ite and place, end du	ue to the can	use(a) and mar	d due to the	cause(a) and r	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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SION OF VITAL RECORDS, P.O. BOX 68760,	
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0 5 5 2 2 2	ECTOR: After Stern	B PHYSICIA!		narked, or	Y PHYS	27
MPLE IN MARKET		THE PER	NO. POR	PORTANT	BE CO	29
PORTANT: If Hem BE COMPLE	BE CO	02	Pa	E	5	30

AN UPA
31. DATE FILED (Month, Day, Year)
FEB 2 1 1992

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CERTIFICATE	OF DEATH	REG. NO.	3. TIME OF DEATH
Frances M. Lewi	SIMPLI 28.			MONTH DAY	SEAR S. 37 A
4. SOCIAL SECURITY NUMBER 219-32-3982		YRS. I St birthday) IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year), 3/15/36	a. BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (II not institution, give s Liberty Medical RESIDENCE OF DECEDENT	. I Am h	9b. CITY,	BALTIN	MORE 90. COU	NTY OF DEATH
10a. STATE 10b. COUNT		10c. CITY, TOWN O	RLOCATION BALTIM	ORE	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1110 S. Paca St			101. ZIP CODE 2123	30 log. cat	USA-
11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO I	NAS DECENDENT OF HISPAI 1 yes, specify Cuban, Maxico 1 TYES 2 NO Specif		14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 164 Completed) 164 College (1-4 or 5+)	Give kind of work done of life. Do NOT use retired.) Homemak	during most of working	16b. KIND OF BUSINESS/INI	DUSTRY
17. FATHER'S NAME (First, Middle, Last) Robert Chaney				ME (First, Middle, Maldon Surnamo) d Bagent	
190. INFORMANT'S NAME (Type/Print) Juanita M. Lewis	p Code) 230				
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State of came	ACE AND DATE OF DISP etary, crematory or other p n Haven Men	osition (Name lace) orial Park	19/	City or Town, Stata Burnie, Md.
21. SIGNATURE OF FURTHER AL SERVICE LI	d. Koufr		name and address of FA Lry L. Kaufm 595 Main St.	an Funeral Hom Elkridge, Md	e . 21227
23. PART I. Enter the diseases or shock, or heart enure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one ceuse on eech	line.	the mode of dying, aud		Approximate Interval Between Open and Deep
resulting in death)	DUE TO (OR AS A CO	INSEQUENCE OF):		FAIL	-URE
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	INSEQUENCE OF):			
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):			
PART II. Other algorificant condition	ns contributing to death but in	not resulting in the ur	ALURE	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heek anki anel	1 TYES 2 NO
	HOSPITAL:	ont 3 DOA 4 Nur			war all
EXAMINER? 1 YES 2 NO		26b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJURY OF	CCURED
EXAMINER?	26a. DATE OF INJURY (Month, Day, Year)	INJURY M	WORK?	The latest the same	

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trawithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IANT: It flem 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained INFRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. NT: It litem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.
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DSPITAL, OR ATTENDING PHYSICIAN: The law requires that the INERAL DIRECTOR: After this certificate has been signed by the thin 72 hours after death with the State Dept, of Health and N. NT. It Item 28 is marked, or Item 23 shows any Inj.
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DSPITAL OR ATTENDING PHYSICIAN: INERAL DIRECTOR: After this certifica thin 72 hours after death with the Siz NT: It Item 28 Is marked, or It
DSPITAL OR ATTENDING INERAL DIRECTOR: After thin 72 hours after death NT: It Item 28 Is ma
DSPITAL OR INERAL DIRE Thin 72 hours

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMENT O	F HEALTH	AND TH	MENTAL HYGI Reg. 1	ENE	92	04855
	1. DECEDENT'S NAME (First, Middle, Last)	LE	Luc	:11	e Lee			2. DATE OF DEATH	DAY	YEAR S	3:35 AM
	4. SOCIAL SECURITY NUMBER 217-56-8255	5. SEX 1 M 2 F	6. AGE (In yrs. les	YRS.	IF UNDER 1 YEA	-	MIN.	7 9-13-19 9/23/15		a. BIRTHPI	ACE (State or Foreign Lenry Co.
TOR	90. FACILITY NAME (If not institution, give : LIBERTY MEDI(RESIDENCE OF DECEMENT		CER			ON OR LOCATE PIMOR			9c. COUN	TY OF DEA	тн
DIRECTOR	100. STATE 10b. COUNT MARYLAND	Υ			, TOWN OR LO		ITY				04. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 2716 PARKWOOD	AVENUE				10f. ZIP COD		1217	10g. CITIZ		AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 N	MED	II yes	, specify Cuba	en, Maxica	NIC ORIGIN? (Specify in, Puerto Rican, atc.) y:	Yes or No-	14. RACE -	American Indian, White, atc. BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Gi		USUAL OCCUP rork done during a retired.)		ng	16b. KIND OF	BUSINESS/INOL	JSTRY	
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10	CAIN LEE, SF		2	716	PARKW	IOOD A		BALTIM	ORE,	MD 2	
	1 Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LIE				F DISPOSITION F ORE	ST VI		CEM. OW	INGS		
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	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s	or AS A CONSEC	6I	BU			h as cardlec or re	epiratory arre	at,	Approximate interval Batween Onset and Death
ATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (DISEASE (Disease or injury CAUSE (DISEASE								8 45		
CERTIFICATION	CAUSE (Disease or injury their initiated eventa resulting in deeth) LAST OUE TO (OR AS A CONSEQUENCE OF): U- Pol Dable Myocardul IN Farchon										
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HYSI	1 YES 2 NO	1 inpatient 2			OF 28c.	INJURY AT	sidence	a Other (Specify) 28d. OESCRIBE HOT	V INJURY OCCL	IRED	
	27. MANNER OF DEATH	28a. DATE OF									
BY	27. MANNER OF DEATH 3. Netural 5 Pending 2 Accident Investigation	(Month, Da	y, Ybar)	INJU	M 1 [WORK? YES 2] NO				
ETED BY	27. MANNER OF DEATH J Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	(Month, Da		INJU	M 1 [YES 2] NO	281. LOCATION (Street City or Town, Sta	et and Number o	r Rural Rou	a Number,
ETED BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	(Month, Da 28e. PLACE OF building, o	INJURY — At hor itc. (Specify)	inju	M 1 [reet, factory, o	YES 2 ffica	and due	City or Town, Sta	nanner sa stated	1.	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FEB & 1 1992

32. REGISTRAR'S SIGNATURE

	P. S. should	Z, 3 SHOUND	
	Page 1	duco.	
ALLENDING PRINCHAN, THE IAM PEQUINES HAT THE DESIGN CENTINGS OF EXECUTED WITH 24 HOURS ARE DESTINABLE IN THE MOSPITAL OF ATTENDING PHYSICIAN.	should be detached for use as the burial transit serms Doo	ath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR		ARYLAND / DEPAR CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEN	E	92 04856
	1. DECEDENT'S NAME (First, Middle, Les William Lep					2. DATE OF DEATH	AV	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER					2/20/9		1607 #
	220-09-3925	1 M 2 F	AGE (In yrs. lest birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTYN (Month, Day, Year) 1/23/18	1	BIRTNPLACE (State or Foreign Country) Maryland
OR	Balto. County G		pital		or Location of DE allstown	EATH		ry of DEATH
등	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	izv						
DIRECTOR	Maryland B	altimore		v, town on Loc wings M	100			10d. INSIDE CITY LIMITS? 1 YES 2 NO
IERAI	100. STREET AND NUMBER 10000 Lyons Mil	1 Road		1	of. ZIP CODE 2111	.7		en of what country?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 12. IF YES, GIVE WAF	XYES 2 NO	If yes, a	CENDENT OF HISPAN pecify Cuban, Maxica S 2 X NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5 +)	life. Do NOT us	vork done during n se retired.)	post of working	16b. KIND OF BUS		
MP	10th grade		Building	g Superi	ntendent	Walter	cris	mer & Son
BE CO	17. FATNER'S NAME (First, Middle, Last) John Leppert					ME (First, Middle, Meiden Le Asker	Sumame)	
TO E	19a. INFORMANT'S NAME (Type/Print) Mrs. Mildred E.	Leppert	19b. MAILING 10000	ADDRESS (Street	and Number or Rural F	Route Number, City or Town	n, State, Zip C	MD 21117
	20a. METHOD OF DISPOSITION XXBurial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	206. PLACE AND DATE OF COMMENT OF	of disposition (al Park			ty or Town, Steta .11e, MD
	21. SIGNATURE OF FUNERAL SERVICE I	B. C	rey	Lori		Funeral Di		ors, Inc.
	23. PART Enter the diseases, or nock, or heart feliure IMMEDIATE CAUSE (Final disease of condition resulting in death)	a Ro	aused the death. Do non each line	ot enter the m	ode of dying, auch	h aa cerdlec or respi	ratory errea	Approximata Interval Between Onset and Death
TION	Sequentially liet conditions, if any, leading to immediate b. Coroum Negative Reference Report Repo							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente	C. DUE TO (OF	AS A CONSEQUENCE OF	0				
CERI	resulting in death) LAST	d						
PHYSICIAN: MEDICAL	PART II. Other algorificent conditions of the co	pi Gra	late out not resulting i	Œ		PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
200	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che			
¥	27. MANNER OF DEATH	28a. DATE OF IN.	IURY 26b, TIME		JURY AT			
BY PI	1 Natural 5 Pending Investigation	(Month, Day,	Year) INJ	M 1	YES 2 NO	26d. DESCRIBE HOW IN	IJURY OCCUI	RED
3 Suicide a Could not be detarmined 28a. PLACE OF INJURY — At home, farm, strast, factory, office building, etc. (Specify) 28b. LOCATION (Street end Number City or Town, State)							nd Number or	Rural Route Number,
COMPLETED			knowledge, death occurre ination and/or investigation					cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE Kaub	apa			29c. LICENSE NUM	BER	29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE O	OF DEATH (ITEM 27) Type,	Print) 5317	oold	Court +	20	21/22

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buniat-trai	*	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND / DEPA	ARTMENT OF I			ENE	92	04857		
	1. DECEDENT'S NAME (First, Middle, Last)		CERTI	FICATE OF	DEATH	REG. 1					
		G. MALST	DOM			MONTH	DAY	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	1			1	FEBRUARY	(17,1)		7:00 A M		
	215-09-0196 Se. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	8. AGE (In yrs. last birthday 84 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, FEB. 8,	1908	MAI	RYLAND		
TOR	NICHOLAS FOSTER RESIDENCE OF DECEDENT		2		96. CITY, TOWN OR LOCATION OF DEATH EDGEWOOD				9c. COUNTY OF DEATH HARFORD		
DIRECTOR	MARYLAND BALT	TION TORE	10d. INSIDE CITY LIMITS? 1 ☐ YES 2XXNC								
FUNERAL	100. STREET AND NUMBER 4558 BENNERTON I	21236		10g. CIT	U.S.	WHAT COUNTRY?					
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	EVER IN U.S. ARMED YES 2 XNO AR OR DATES				Yes or No-	14. RACE Black Specif	— American Indian, c, White, etc. fy: WHITE			
COMPLETED	15. DECEDENT'S EDU(Specify only highest grade Elementary/Secondary (0-12) NA	College (1-4 or 5+)	(Give kind o	of work done during me use retired.)	ON ost of working	16b. KIND OF					
M		NA	SECRE	TARY			ING HO	OME			
BE CO	17. FATHER'S NAME (First, Middle, Last) MILTON RAYME	L L L			KATH	AME (First, Middle, Maid IERINE HEN	SHAW				
5	19a. INFORMANT'S NAME (Type/Print) EILEEN D. MILLER					ALDWIN, M					
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	oval from State	cemetery, cremetory or MORELAND	E OF DISPOSITION /N	lame of	OATE 20c.	LOCATION -	City or Tov			
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC. 9705 BELAIR RD., BALTIMORE MD 21236										
	23. PART I. Enter the diseases, or chock, or haart failure. I IMMEDIATE CAUSE (Finei disease or condition reaulting in death)	e	ceused the death. Do to on each line.						Approximate interval Between Onaet and Desth		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF OEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 8 Rether (Specify)					in Home			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Accident Investigation	28e. DATE OF IP (Month, Day)		NJURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HON	V INJURY OC	CURED	J		
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, el	28s. PLACE OF INJURY — A1 home, 1erm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, and due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end piece, and due to the cause(e) end manner ee stated.										
TO BE C	296. SIGNATURE AND TITLE OF DEHTIFIER	Inn	no		29c. LICENSE NUN				Month, Day, Huar)		
	DR. ALBERT SUN 1			De, Print)	MADVI AND	21047					

32. REGISTRAR'S SIGNATURE
1992 Julie Davidson-Parida

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permit. Pages 1, 2, 3 should

use as the burial-transit

funeral director, page 5 should be detached for F notified 99 must examiner hours after death. ion, or removal. medical and completely fille o burial, cremation, 華 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, traumatic the attending physician in Mental Hygiene prior to other 50 Injury, n signed by the Health and I апу Shows t. of H has be Dept. 23 certificate to the State 1, or Item marked, with w After 99 DIRECTOR: / 28 FAL DIRE 72 hours

I,27,28a,b,c,d,e,f per MEO G-685 3/4/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE Items: 23 part I, STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 2 9:04 CHRISTOPHER JOSEPH MEEKS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Formion DAYS 216-78-9689 t M 2 | F 1959 Aug. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE 510 N. CAROLINE STREET 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Elkridge Md. Howard 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6636 Washington Blvd., Lot 109 21227 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 ANO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KING OF BUSINESS/INDUSTRY (Specify only high ry/Secondary (0-12) College (1-4 or 5+) 9 Construction 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Charles W. Meeks Marion V. Davis 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles W. Meeks 6636 Washington Blvd., #109, Elkridge, Md. 21227 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 2/19 Hill Cemetery Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home 5695 Main St., Elkridge, Md. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory srrest, shock, or heart taliure. List only one ceuse on each line. Approximate Intervel Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Narcotic intoxication OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 © Other (Specify) 1510 N.CAROLINE ST 1 X YES 2 NO tlant 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) Found: 2/1 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural Ukn. 1 YES 2 NO ¥ Subject ingested drugs 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Bural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide unknown unknown 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axan ination and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 20. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 02/15/92 9 .M.E 30. NAME AND ADDRESS OF PERSON O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARIO 111 PENN STREET, BALTIMORE, MARYLAND 21201

32. REGISTRAR'S SIGNATURE

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DIRECTOR: After this certificate has been signed by the attainding physician and completely limed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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MONT									YEAR	3. TIME OF DEATH	
	Richard Frederick Merrill						2		7 92		1:301
4. SOCIAL SECURITY NO.		5. SEX	6. AGE (In yrs. la	est birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		Country	
			21				6/26/34			Minnesota	
9a. FACILITY NAME (If not institution, give street and number) 403 Gun Road				9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH Baltimore		
RESIDENCE OF D	10b. COUN	TY		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY
Md.	Ba	ltimore									LIMITS?
10e. STREET AND NUMB	ER			101, ZIP CODE				10g. CITIZ	ZEN OF V	VHAT COUNTRY?	
403 Gun	Road			21227						USA	
11. MARITAL STATUS		12. WAS DECEDEN			13. WAS DE	MAS DECENDENT OF HISPANIC OR		ORIGIN? (Specify Yea or No-		14. RACE — American Indian, Black, White, stc.	
1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE			MAR OR DATES	I TYPES 2		pecify Cuben, Mexican, Puerto Rican, etc.) S 2 NO Specify:		Rican, etc.)		Specify: White	
15. 0	DECEDENT'S ED	DUCATION		DECEDENT'S USUAL OCCUPATION				16b. KIND OF BUSINESS/INDUSTRY			
(Specify Elementary/Secondar	only highest gra- y (0-12)	College (1-4 or 8	86	(Give kind of work done during most of working life. Do NOT use retired.)							
		5		Engin	eer		W	esting	house	9	
17. FATHER'S NAME (First						18. MOTHER'S	NAME (First,	Middle, Maiden	Surname)		
Horace F		111				Myrtle	G. I	saacso	n		
19a. INFORMANT'S NAM					ADDRESS (Street					Code)	
Lucy W. M					un Road,				1227		
Crematory Baltimore, Md.											
23 PART i Enter the	disessala	J. Ko	ufme	seeth Do	Gary 5699	L. Kau Main S	fman t., E	lkride	e Mo	1.	
23. PART I. Enter the ahock, o iMMEDIATE CAUSE disease or condition resulting in death) Sequentially liet conif any, leading to imcause. Enter UNDER CAUSE (Disease or that initieted events resulting in death) L	r heart fallure (Final Additione, mediate alLYING injury	a. But only one can but to be but to		fasta EQUENCE C	Gary 5695 not enter the more state of the st	L. Kau Main S	fman t., E	lkride	e Mo	1.	Approximate interval Betwee Onset and Dec
ahock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or that intileted eventa	r heart fallure (Final diditione, mediate lLYING injury AST	a. Due to	O (OR AS A CONSE	FOUENCE C	Gary 5695 not enter the more state of the st	L. Kau Main S ode of dying, e	fman t., E uch aa car	lkride	retory arr	eat,	
ahock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequentially liet con if any, leading to im cause. Enter UNDER CAUSE (Disease or that initiated eventa resulting in death) L PART II. Other aign!	r heart fallure (Final	b. DUE TO c. DUE TO d. One contributing to	O (OR AS A CONSE	fas a secuence of	Gary 5695 not enter the more services of the s	Main S ode of dying, e	fman t. E uch ae car in Part i.	24a. WAS AN PERFOI	Interest of the second of the	eat,	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
ahock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequentially liet con if any, leading to im cause. Enter UNDER CAUSE (Disease or that initiated eventa resulting in death) L PART II. Other aign! 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural a	r heart fallure (Final Additione, mediate ILYING injury AST To medical To to medical Pending	a. Due To b. Due To c. Due To d. One contributing to	O (OR AS A CONSE	EOUENCE C	Gary 5695 not enter the mo	Main S ode of dying, e	fman t. E uch as car in Part i. Check only one 8 G Other	24a. WAS AN PERFOI	I AUTOPSY RMED?	246	Approximate interval Betwee Onset and Det 2 yrs. Sym. WERE AUTOPSY FINDIN AMALBUE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequentially liet con if any, leading to im cause. Enter UNDER CAUSE (Disease or that initiated eventa resulting in death) L PART II. Other aign! 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural a	inditione, mediate LLYING injury LAST	b. DUE TO c. DUE TO d. One contributing to HOSPITAL: 1 Inpatient: 2 26e. PLACE: building	O (OR AS A CONSE	FOURICE COLUMN TO THE PROPERTY OF THE PROPERTY	Gary 5695 not enter the mo	TI. Kau Main S ode of dying, e	in Part i.	24a. WAS AN PERFOI 1 VES 2	I AUTOPSY RMED? INJURY OCCURRED NO	24b	Approximate interval Between Onset and Da Carlon State Symples of the Approximate Prior To Completion of Cause Of Death?

31. DATE FILED (Month, 32. REGISTRAR'S SIGNATURE Day, Year) 1 1992

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

YEAR

3. TIME OF OEATH

REG. NO.

1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

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MINISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s
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2. DATE OF DEATH DAY CEDRIC MALLOY 02 18 1992 7:15 a.m. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 218-60-6454 38 YRS. 1 X M 2 - F 2-1-54 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MD 1 X XYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 106 N. WASHINGTON STREET use as the burial-transit 21239 U.S.A. the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced BLACK COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12th funeral director, page 5 should be detached for College (1-4 or 5+) DISABLED once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) JAMES MALLOY to Page 6 may be retained by REGINA STEPHENS BE notified a 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 106 N. WASHINGTON STREET/BALTIMORE, MD 21239 19b. MAILING ADDRESS (Street 2 REGINA MALLOY 99 20s. METHOD OF DISPOSITION
1 [V] Buriel 2 Cremation 3 Removal from State
4 Doneston 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must BALTIMORE" CEMETERY BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY death. WM.C.MARCH F.H./1101 E. NORTH AVENUE mp? Krome SM n by the fremoval. after medical filled in by th 23. PART I Anter the diseases, or complications that cause the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between 0 IMMEDIATE CAUSE (Final completely filled irial, cremation, Onset and Death 24 the disease or condition resulting in death) HEPATIC FAILURE MITHIN 3 wks traumatic event, DUE TO (OR AS A CONSEQUENCE OF): executed attending physician and con rtal Hygiene prior to burial, ARDS WK CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Entar UNDERLYING 2 PENAL FALLURE 3 w 14 other CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE DF): that initiated events resulting in desth) LAST 5 been signed by the attent. of Health and Mental injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 - YES 2 10 certificate has be h the State Dept. d, or item 23 s PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Impatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED WITH this 1 Natural 5 Pending 1 YES 2 NO death BY 2 Accident ATTENDING 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide DIRECTOR: A hours after of tem 28 is . 52 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide 29e. CERTIFIER
1 Chack ank
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 8 COMP HOSPITAL FUNEFAL WITHIN 72 I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11099 Auston MID 18 19 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BALTO 21216 SI AZMSTRONG 1000 N WOLFE MD KATEINA 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1992 Julia Davidson 18 DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be i	METAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	when 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	It is item 28 is marked, or item 23 shows any injury; or other traumatic event, the medical examiner must be n
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENF CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) MIDDLETON 2. DATE OF DEATH 10 7. DATE OF BIRTH (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 - F HOURS 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1X YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? MS DECEDENT EVER IN U.S. ARMED ORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cube ORCES? 1 TYES 2 1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? BY BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most/of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY tary/Secondary (0-12) College (1-4 or 5+) UNKNOWA 17. FATHER'S NAME (First, Middle, Last) be notified at 0 BE 2 20a METHOD OF DISPOSITION
1 A Burlal 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (A 20c. LOCATION — City or Town, State must 21 Cre 3 🗆 R MT'ery. OZITON CEMETERY LANSDOWNE. 5 Other (Specify) 4 Donati medicai examiner OF FUNERAL SERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE rome 23. PARTI . Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition Onset and Death the VASCULAR. ALCIDENT EREBRO. or item 23 shows any injury, or other traumatic event, reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS D'ABE TES AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 5000 HypoTty RoiDiSM OF DEATH? 1 TYES 2 7 NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER Nursi 1 TES 2 ONO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 1 YES 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) COMPLETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of rilgation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 69 304 9655, CHEYROL PRIVE # 100 ELLICOT 2104 CHEYROLET FEB 2 1 1992

32. RECISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing ours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or lifem 23 shows any injury, or other traumatic event, the medical examinary must be notified as
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ICATE OF		REG. NO		3. TIME OF DEATN
	Satt	Wlavka	EDITH M	14	ARKER	монтн	4719-92EAF	0650
	4. SOCIAL SECURITY NUMBER	5. SEX / 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0. Bit	PTHPLACE (State or Foreign
	215 36 7118	1 🗆 M 2 🔯 F	85 YRS.	MONTHS DAYS	HOURE MIN.	(Month, Day, Year) 4/28/190		ARYLAND
0	9a. FACILITY NAME (If not institution, give :			9b. CITY, TOWN	OR LOCATION OF E		9c. COUNTY OF	
DIRECTOR	WASHINGTON LOUN	TY HOSPITAL		HAGERS'	TOWN		WASHING	GTON COUNTY
REC	10a. STATE 10b. COUNT	Y	10c. CI7	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
		HINGTON CO		BOONSBO	ORO			1 YES 2 NO
RA	100. STREET AND NUMBER			101	. ZIP CODE			F WHAT COUNTRY?
FUNERAL	REEDER NURSING	12. WAS DECEDENT EV	ED IN HE ADMED	12 140 050	21/13		LUŞA	
	1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yes, sp	ecify Cuben, Mexic	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	Bi	ACE — American Indian, ack, White, atc.
) BY	3 Widowed 4 Divorced		N	101	2 NO Speci	ry.	Sp	WHITE
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION	ON est of working	16b. KIND OF BU	SINESS/INDUSTRY	1
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)				Home	MAKER	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			SEKEFPER		AME (First, Middle, Maiden		
ш	CHARLES FLMER M	ARKER				FLIEN HARS		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street a		Route Number, City or Tow		
	FLOISE STRITE		IRT #2	Box 36		LAMSPORT,	MD 2179	25
	1 Buriel 2 Cremation 3 Rem 4 Nonation 5 Other (Specify)	oval from State	20b. PLACE AND DATE of cometery, crematory or of		nme of	OATE 20c. LC	CATION — City or	Town, State
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE PONAL D	WADE, DIR	22. NAME AN	ID AODRESS OF F	ICILITY CT	ATE ANAT	TOMY DOADD
	Amand Alla	NOIVALD		CEE 1				OMY BOARD
1	23. PART I. Enter the diseases, or	complications that car	2/20/92	655 M	A BALTI	MORE ST. B	ALTO ME	
	ahock, or heert failura. IMMEDIATE CAUSE (Final	List only one cause of	on aach lina.	or antor the mo	ua or dying, ao	on as certiac or reap	matory arrest,	Approximata interval Batween
	disease or condition resulting in death)	Attres	colontie c	adiovesa	1. tra	/		Onset and Death
		OUE TO (OR	AS A CONSEQUENCE OF	F):	19			3034
ON	Sequentielly list conditions,	b. NEIN	AS A CONSEQUENCE OF	13				
AT	if any, leading to immediate cause. Enter UNDERLYING	DOE DOOR	AS A CONSEQUENCE OF	r):				
Ĕ	CAUSE (Diseess or injury thet initieted events	OUE TO (OR	AS A CONSEQUENCE OF	F):				
CERTIFICATION	resulting in deeth) LAST	d						
١	PART II. Other significent condition	na contributing to dea	th but not reculting	in the underlying	cause given in	Part I. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
2		wot brom to				PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC		Gentera						OF DEATH?
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C)	neck only one)		
HYS	1 YES 2 NO 27. MANNER OF DEATN	1 Inpetient 2 FR/		4 Wursing Nom		6 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Ye	(Inj	URY WO	RK?	28d. DEŞCRIBE NOW I	NJURY OCCURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJ	URY — At home, farm, a			281. LOCATION (Street I	and Number or Rura	If Route Number,
	4 Nomicide datarmined	Containing, etc.	эрөсну)			City or Town, State)		
립	29a. CERTIFIER (Check only one) CERTIFYING PNYSI	CIAN: To the beet of my k	nowledge, death occurre	ed at the time, data	and place, and due	to the cause(a) and mar	nner as stated.	
COMPLETE	2 MEOICAL EXAMINE	R: On the beels of examin	ation and/or investigation	n, in my opinion, de	eath occured at the	time, data and place, an	d due to the cause	e(a) and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CONTURE	1			29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Myrem, Day, War)
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATN /ITEM AT C	(Parlant)	D 26	379	· 41	9/92
	R.L. Ki	9. nas	DEATH (HEM 21) (N/Pe	Print)	Ke	1.4/1. he 1	7125	-(
		32. REGISTRAR'S S	IGNATURE) -one,	reca	Tolle, Md.	0-112	0.0

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	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	Sunc	it is a 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Last) G	EORGE GUNTH	ER MERCER	cer	2. DATE OF DEATH MONTH	DAY 9	ar 955 pm
213-03-9628 1	SEX 8. AGE (In	yrs. lest birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-05-	02 L	BIRTHPLACE (State or Foreigh Country)
90. FACILITY NAME (If not institution, give street Edenwald	end number)	9b.	Towson	DEATH	Ba 14	of Death
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY BA/	hmoee		TOWSON			10d. INSIDE CITY LIMITS? 1 YES 2 100
100. STREET AND NUMBER 800 Souther	14 Rd	Apt.91	101. ZIP CODE	204		OF WHAT COUNTRY?
11. MARITAL STATUS 12 1 Never Married 2 X Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerlo Ricen, etc.)	fes or No 14.	RACE — American Indian, Black, White, stc. Specify: White
	college (1-4 or 5+)	(Give kind of work life. Do NOT use rel	done during most of working ired.)		n Elect	TRY
12 yrs. 4	yrs.	Manager		AME (First, Middle, Meid		.IIC
Enos Nichols	on Massas	~				
EITOS NICHOLS 190. INFORMANT'S NAME (Type/Print)	on Merce		PARTY PRESS (Street and Number or Rura	Catherine		
Lucille M. Mercer			therly Road A			id. 21204
20g. METHOD OF DISPOSITION		PLACE AND DATE OF			LOCATION City	
1 N Burial 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State of ce	rkwood Ce	ther place)	1		, Maryland
21. SIGNATURE OF FUNERAL SERVICE CICENS		I KWOOG CE	22. NAME AND ADDRESS OF F	ACILITY		
23. PART I. Enter the diseases, or com	· land	_	Ruck Towson I	Funeral Ho	me, Inc	050 York Road Towson, Md.21
iMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF): CONSEQUENCE OF):	ATORY FR	MURE		
PART II. Other algorificant conditions of PARKINSON'S ALZHEIMER'S	DISEASE	3		PERF	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	ioma of	Prosta7	28. PLACE OF DEATH (Check only one)		
EXAMINER?	OSPITAL:		THER:	10 - 14 - 31 rs - 0.00		
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	Nursing Home 5 - Residence F 28c. INJURY AT	28d. DESCRIBE HO	W INJURY OCCU!	RED
1 Natural 5 Pending	(Month, Day, Year)	INJURY	M 1 YES 2 NO			
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, atred y)	ot, factory, office	281. LOCATION (Stree City or Town, Str	et and Number or ste)	Rural Route Number,
CONTROL ONLY			t the time, date and place, and do n my opinion, death occured at ti			
- L MEDICAL EXAMINEN:						
29b. SIGNATURE AND TITLE OF PERSON WHO C	Web mi	D.	D34	124	29d. DATE 8	SIGNED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9	TBL	톃
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Are after dear	TO THE FUNCTION DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the fun	8

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF	HEALTH AND	MENTAL			
	1. DECEDENT'S NAME (First, Middle, Last)	JEFFIE T		ONIL O.	DLAIT	2. DATE MONTH	OF DEATH DAY	YEAR 92	3. TIME OF DEATH 6 · 15 P M
	4. SOCIAL SECURITY NUMBER 415168877	1 💢 M 2 🗆 F		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		HPLACE (State or Foreign Iny) ALABAMA
STOR	90. FACILITY NAME (If not institution, give Chuych Home RESIDENCE OF DECEDENT	Hospital	Corp.		OR LOCATION OF	Cit	-01	CLITY OF I	
DIRECTOR	MD 106. COUNT	Y		LT I MORE					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	501 E. PRESTON	STREET APT.	324	10	21 20 2			S.A	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISP ecify Cuben, Mexi 2 NO Spec	can, Puerto R	? (Specify Yee or No— lican, etc.)	Blec	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 4th	JCATION e completed) College (1-4 or 5+)	16e. DECEDENT'S Us (Give kind of wor life. Do NOT use	rk done during me	ON ost of working		KIND OF BUSINESS/I		
111	17. FATHER'S NAME (First, Middle, Last) PLEASANT NORRIS				ANNIE	BOYD	liddle, Maiden Surname		
TO BE	ZENITH MCCOY 200, METHOD OF DISPOSITION	I Part	1101 W	ILLINGE	R CT./B	ALTIM	ORE, MD 2	1202	
	1 Burial 2 Cremetion 3 Ren 4 Donalion 5 Other (Specify) 21. SIGNATUME OF FUNERAL SERVICE	noval from State	PLACE AND DATE OF	AR°CEME		DATE	CATONS		
a cyclin	Adme +	1. Them	Ps~	WM.C.	MARCH F	.H./1	101 E. NO		VENUE
4	23. PART Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on each cause on each cause on each cause on each caused at the caused on the caus	the death. Do not sch line. Can Consequence of:						Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с.	CONSEQUENCE OF):	P F	ractur	e.			
	resulting in death) LAST	d							
IN: MEDICAL	PART II. Other aignificant condition	a contributing to death be	ut not resulting in	the underlying	g cause given in		249. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C				
Ή	27. MANNER OF DEATH	1 Vinpatient 2 ☐ ER/Outpo	28b. TIME C	OF 28c. INJ	e 5 ☐ Residence URY AT	_	(Specify)	CCURED	
BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 🗆 1	RK? 'ES 2 NO				
ÉTED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— Al home, farm, stre	et, factory, office		28f. LOCA City of	FION (Street and Numb Town, State)	er or Rural F	Route Number,
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	ICIAN: To the best of my knowle	edge, death occurred a end/or investigation, i	at the time, date In my opinion, d	end place, end du	e lo lhe ceus e lime, data a	e(e) end manner ee at	ated. The ceuse(e) end menner se stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	P House	officer		29c. LICENSE NU		29d. DA	- 1111	(Month, Day, Year)
-	Kerren Clderin		Greene				M.Vo		
	FFB 2 1 1992	32. REGISTRAR'S SIGNA	TURE INCLUDE						

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PINE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Surs
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IMPORTANT, If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY

2 Accident
3 Suicide

4 Homicide

FEB 2 1 1992

6 Could not be determined

	Middle Leat				ATE OF	DE/1111	REG. NO.		3. TIME OF DEATN
1. DECEDENT'S NAME (Firs		CAND					MONTH DA	18 92	0 1-0
4. SOCIAL SECURITY NUM		5, SEX	8. AGE (In yrs. les	t hirthday)	UNDER 1 YEAR	IF UNDER 24 HRS			RTHPLACE (State or Foreign
214-18-8599		18 M 2 🗆 F	70	YRS.	NTHS DAYS	HOURS MIN	4/28/21		Maryland
Balto. CO.	Genera			91		or location of 11stown	DEATH	Be. COUNTY O	altimore
100. STATE Maryland	10b. COUNTY	timore		10c. CITY, T	Wood1				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER	Road					M. ZIP CODE	21207		ited States
11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Div	Married	12. WAS DECEDEN FORCES? 12 IF YES, GIVE W	YES 2 1		If yes, s	CENDENT OF NIS	PANIC ORIGIN? (Specify Yes	or No — 14. R	ACE — American Indien, lack, White, etc.
15. DE (Specify or Elementary/Secondary	CEDENT'S EDUC by highest grade	CATION completed) College (1-4 or 5 +	(G	CEDENT'S US live kind of work Do NOT use n	UAL OCCUPAT k done during n etired.)	ION ost of working	16b, KIND OF BU	SINESS/INDUSTR	Y
12 th grade		Junego (174 OF 34	,	Superv	isor		S	S.A.	
17. FATHER'S NAME (First,) Charles E.							NAME (First, Middle, Malden el R. Holt	Surname)	
190. INFORMANT'S NAME Mrs. France		aret 01a					ral Route Number, City or Tow ltimore, MD	n, State, Zip Code, 2120	
20e. METNOD OF DISPOSI	on 3 🗆 Rem	oval from State	20b. PLACE other po	or disposition Lake	View M	em. Par	or 20e. LO k 2/20 Sy	cation - chy o	
21. SIGNATURE OF FUNER	AL SERVICE LIC	Cov	eu	_	Lori	ng Byer	FACILITY s Funeral Ho		wn, MD 21133
23. PART I. Enter the hock, or iMMEDIATE CAUSE (F disease or condition resulting in death)	neert fellure.	List only one cau		1 A	enter the m	ode of dying,	euch se cerdiec or resp	iretory arrest,	Approximete interval Between
Sequentielly list condi if any, leading to imm cause, Enter UNDERL	diate	bDUE TO	(OR AS A CONSE	OUENCE OF):					
CAUSE (Disease or Inthat Initiated events resulting in death) LA		oue to	(OR AS A CONSE	OUENCE OF):					
PART II. Other eignific	ant condition	o contributing to	deeth but not	resulting in	the underlyl	ng cause given	In Part I. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

29e. CERTIFIER (Check only one) 11 CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(e) end manner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) (RADHOW

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A1291-260

DRIVE.

Owing Hilling

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

SUITE 210

PRADHAN. 20 CROIS

32. REGISTRAR'S SIGNATURE

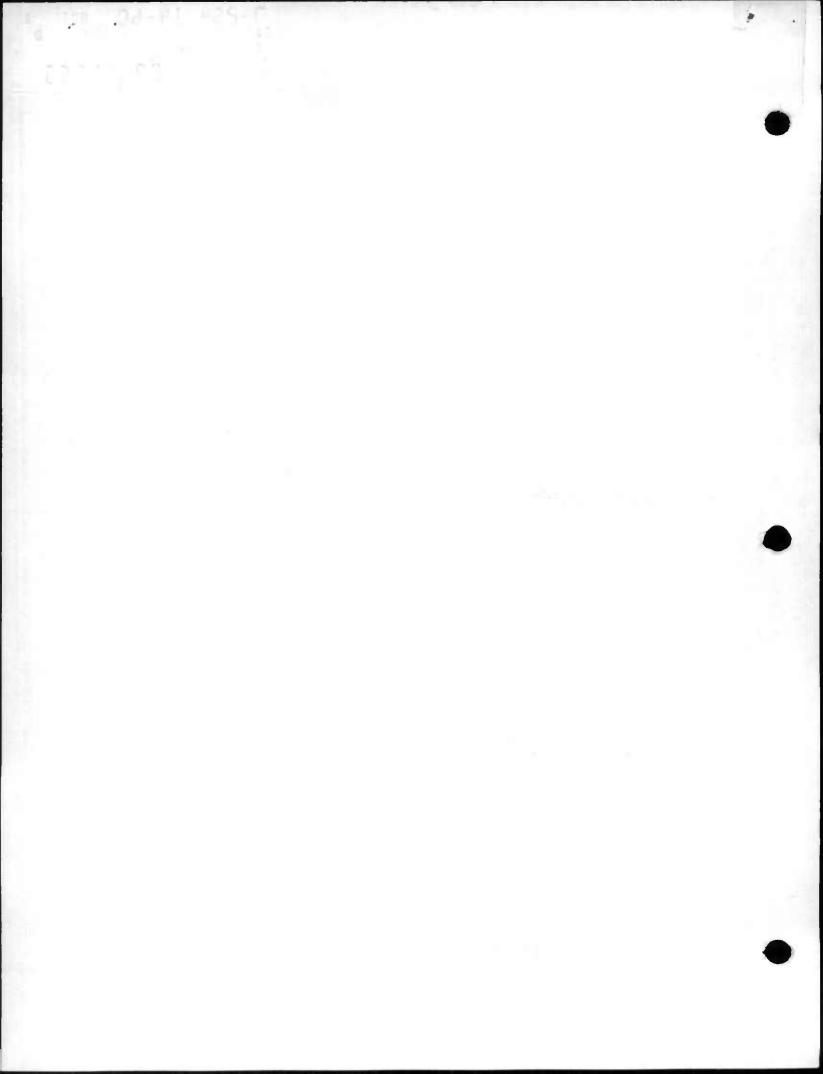
26e. PLACE OF NJURY — At home, building, etc. (Specify)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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OR: After this certificate has been signed by the attending physician and completely filled in by the funeral din	
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	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF I			HYGIENE REG. NO.	2-07866
		RADECKE			Para I (Second			1992. TIME OF DEATH 92 2:10 D M
	4. SOCIAL SECURITY NUMBER 216-66-3311 90. FACILITY NAME (If not institution, given	1 🗆 M 2 💢 F	37 YAS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		23,1954	8. BIRTHPLACE (State or Foreign Country) MARYLAND
DIRECTOR	THE JOHNS HOPK	KINS HOSPITAL		BALTIN	ORE	DEATH	9c. COUN	TY OF DEATH
	MARYLAND E	NTY BALTIMORE		TIMORE	222			10d. INSIDE CITY LIMITS? 1 TYES 2 K NO
FUNERAL	7617 BELAIR R	OAD		101	21236			EN OF WHAT COUNTRY? U.S.A.
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 X NO Spec	an, Puerto Rice	ipecify Yes or No-	14. RACE American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S E (Specify only highest gri	ade completed)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during me	ON ast of working	16b, KII	OF BUSINESS/INDU	
MPLE	Elementary/Secondary (0-12) NA	College (1-4 or 5 +) NA	ACCOUNT			AC	COUNTING	
	17. FATHER'S NAME (First, Middle, Last) CHARLES RAY BE	DNECO					le, Maiden Surname)	
38 C	19a. INFORMANT'S NAME (Type/Print)	DNEGO	19b. MAILING A	ADDRESS (Street a		Route Number,	FOON City or Town, State, Zip (Code)
6	GORDON J. RADEC	KE (HUSBAND)			RD., BAI			
	20a. METHOD OF DISPOSITION 1 X Burdel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Commence of Comme							
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		SCHIM	UNEK FUN	ACILITY VERAL H	OMES, INC	
CERTIFICATION	23. PART I. Enter the diseases, pr complications that caused the death. DD not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due To (OR As A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):							
	resulting in death) LAST	d						
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	one contributing to death b	ut not resulting in	the underlying	g cause given in		NAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE DF DEATH (C			
Ή.	27. MANNER OF DEATH	1 Dunpatient 2 ER/Outp	28b. TIME	OF 28c. INJ			BE HOW INJURY OCCU	PRED
BY	1 Natural 5 Pending 2 Accident Investigation		INJUI	M 1 🗆 1	PK?			
	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, str	eet, factory, office			N (Street end Number own, State)	r Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMI	YSICIAN: To the best of my knowl NER: On the basis of axamination	edge, death occurred and/or investigation,	at the time, date	end place, end du	to lhe cause(s) end manner as stated place, end due to the	l. cause(s) and manner es stated.
TO BE	296. SICHATURE AND TITLE OF CERTIF	s MD Senior	Clmical F	il/cw	29c. LICENSE NU	MBER (M	29d. DATE	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON V		5 Hopkin.			v. Welf	est. Bai	14. M.21205

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Furs after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction page 5 is	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must he may
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	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMEN	T OF H	IEALTH DEAT	AND	MENTAI	L HYGIEN	4F	92	0481	6/
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEAT	TN
	Anna M. Rzepkows	ski							Feb.		1992	YEAR	100000000000000000000000000000000000000	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. las	st birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTN	1992	a. BIRTI	8:55 A	omion
	216-54-0022	1 M 2 VF	89 YRS. M			DAYS	HOURS	MIN.		Day, Year)	02	Count	7)	J. Grigor
	9a. FACILITY NAME (If not institution, give s	street and number)	A 09		Oh CITY	TOWN C	OR LOCATIO	ON OF D		3, 19	7	K	ryland	
TOR	4207 Mary Avenue				90. CIT		Ltimo		EAIN		9c. COL	UNTY OF D	PEATH	
H	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	,
FUNERAL DIRECTOR	Maryland -			E	Balti							17EN OF 1	LIMITS? XXX YES 2 WHAT COUNTRY?	NO
ER/	4207 Mary Avenue	Avenue				1	212				-			
N	11. MARITAL STATUS	12. WAS DECEDENT I	EVED IN II S AD	MED	10	WAS DEC						S. A		
	1 Never Married 2 Married	FORCES? 1 [If yea, spi	ecity Cuba	r, Maxica	nic ORIGIN ni, Puerto P	? (Specify Ye	s or No-	14. RACI Blaci	E — American India k, Whita, etc.	en,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			1 TYES	ON NO	Specif	y:			Spec		
	15. DECEDENT'S EDU	CATION	I see DE	CEDENT'S	1101141 0	COURTE					AND DESCRIPTION OF THE PARTY OF		White	
	(Specify only highest grade	completed)	(G	ive kind of v	vork done	during mo	st of workin	g	16b.	KIND OF BU	SINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		omema						0	77.0			
COMPLETED	NA 17. FATHER'S NAME (First, Middle, Last)	NA	III	Jillellia	Ker					Own				
										fiddle, Maiden	Sumame)			
BE	Thomas Jurkowski								ia Si					
2	19a. INFORMANT'S NAME (Type/Print)									er, City or Tow				
	Rita Lancaster (I	Oghtr)	42	207 M	lary	Aver	ue,	Balt	timor	e, Md	. 212	206		
	20a. METHOD OF DISPOSITION	ewile res	20b. PLACE	ANDDATEC	OF DISPOS	SITION (Na			DATE		CATION -		wn, Stata	
	1 Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Sperity)	oval from State	Cometery, cre-	matory or of	ther place)	mar	Como	tors	7		ltimo			
	21. SIGNATURE OF FUNERAL SERVICE LIC	NSEE	FODE IIC) L y _ I (D ADDRES			Da	T C TINC	nie,	Mu.	
	1 /2 /	1-1								Homes	. Inc			
- 8	· / Jacob	Jus			970	15 Be	lair	Ros	ad B	altim	ore	Md	21236	
	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. ASCV	on each line		ot entar	the mod	de of dyl	ng, suc	h aa card	iec or resp	iretory ar	reat,	Approximation interval Base Onset and	tween
NOI	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events reautiting in death) LAST													
岚		đ												
PHYSICIAN: MEDICAL (PART II. Other significant condition	a contributing to de	eth but not n	esuiting i	n the un	derlying	cause g	lven in	Part i.	24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FII AVAILABLE PRIOR COMPLETION OF COMPLETION	то
¥													1 YES 2 N	10
ä												- 1		
× I	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Che	eck only one)				
S I	EXAMINER?	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER	3:			8 🗆 Other					
È ∥	27. MANNER OF DEATH	28a. DATE OF IN.	JURY	28b. TIME	-	28c. INJL		sidence		(Specify)	N ILIEN OC	CURED		
	1 Natural 5 Pending	(Month, Dwy,	Year)	INJ	URY	WOR		NO.	Zou. Dege	SHIDE HOW I	NOON! OC	CONED		
BY	2 Accident Investigation 3 Suicide 5 Could and be	28a. PLACE OF IN	J.RIBY - At hor	no term -	troot, foot		2 2	NO						
	4 Homicide 8 Could not be determined	building, atc	. (Specify)	no, tarri, a	trout, racti	ory, omca			City o	TIDN (Street a Town, State)	and Number	or Rural R	oute Number,	
iii I	On OFFICE A						_:							
ᆲ	29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atsted.													
COMPLETED	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										ated.			
	29b. SIGNATURE AND TITLE OF CENTIFIER													
ᇤ	1/20	/_	1				29c. LICE	3 /	1BER 73			/	(Month, Day, Year)	
ဥ	30. NAME AND ADDRESS OF PERSON WHO	court				- 1	1/6		1		1	121	142	i
Pro 129				-			-	_						
-							-							
	Dr. George Lowe, 31. DATE FILED (Month, Day, Year)		ir Road	. Ba	ltim	ore,	Md.							

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R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 are death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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completely filled in by the funeral director, page 5 should be detached for use as the burial-tran	# 1
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 After this certificate has been signed by the attending physician and completely filled in by the furnest with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND	/ DEPAR	TMENT	T OF H	IEALTH AND	MENT	AL HYGIEN		0.	7000
	1. DECEDENT'S NAME (First, Middle, Last, Shelvin	Rowe						Fe P	e of DEATH		3. TO	IME OF DEATH
	4. SOCIAL SECURITY NUMBER 212 28 3067	Ж □ M 2 □ F	6. AGE (In yrs. I	last birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN.	Ma	E OF BIRTH oth, Day, Year) 7 193		Country)	E (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give 21 Gentian Lar RESIDENCE OF DECEDENT				25. 22. 22.						TY OF DEATH 1timore	
DIRECTOR	Md. Ba	ltimore		10c. CIT	oc. CITY, TOWN OR LOCATION Middle River				LH			INSIDE CITY LIMITS7 YES 2 XNO
FUNERAL	100. STREET AND NUMBER 21 Gentian Lan	21 Gentian Lane				101. ZIP CODE 21220					N OF WHAT	COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2				If yes, spe	ENDENT OF HISF ecity Cuban, Max 22 NO Spe	Ican, Puarto	iN? (Specify Yes Rican, etc.)		14. RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	pecify only highest grade completed) (Give kir life, Do N				ENT'S USUAL OCCUPATION ind of work done during most of working NOT use retired; TUCK Driver				siness/indus		
BE CON	17. FATHER'S NAME (First, Middle, Last) George Rowe						18. MOTHER'S I		Middle, Malden			
TO	James Rowe, Son 196. MAILING 602					Stuar	nd Number or Run		mber, City or Tow			
	20a. METHOD OF DISPOSITION XX Buriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		20b. PLACE	EAND DATED	Ler Men	noria NAME AN ruzd:	al Gard D ADDRESS OF Zinski Eastern	ens2/ Funer	22/92 al Hom	e PA	more	Co., Md.
	23. DART I. Enter the diseases, or ehock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Chorn	e on eech iir	schen	not enter	the mod	de of dying, so	ch ae ce	rdiec or reep	iratory erreal	No.	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST											
PHYSICIAN: MEDICAL CI	PART II Other eignificent conditions contributing to death but not resulting in the					ne underlying ceuse given in Part I. 24a. WAS AN AL PERFORM 1 🗆 YES 2					O? AMILABLE PRIOR TO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C	Check only o	nne)			
BY PHYS	27. MANNER OF OEATH Natural 5 Pending Accident Investigation	1 Inpetient 2 E	JURY	3 DOA 28b. TIME	4 Nurs		RK?	7	er (Specify)	NJURY OCCUR	ED	
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factor building, etc. (Specify)							28f. LOI City	CATION (Street a or Town, State)	and Number or I	Rural Route N	lumber,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ER: On the beals of exer	y knowledge, d	leath occurre	d at the ti	me, data pinion, de	and place, and du ath occured at th	ia to the ca	nuse(a) and man	ner as stated, d due to the co	luse(a) end (manner as stated.
TO BE	J. C. Wondran	, M.D.			29c LICENSE NUMBER					29d. DATE SI		h, Day, Year)
-	J.C. O DONG VA	O COMPLETEO CAUSE		EM 27) (Type,		+VE	, 8A	-270	., M	D. :	2122	- 2
	31. DATE FILEO (Month, Day, Year) FEB 2 1 1992	32. REGISTRARY	S SIGNATURE	photo.								

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blly Will Femorish Condens2/22/92 Islumma Vo., Id.

ruz zireki tun ral lome Ik. 21221. 1407 sestern kve. Baltimore, M. 21221.

YLAND 21215-0020	by the hospital or attending physician.	ecrificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurrisaltraneer narmal Phones 1.9.9 about	and the second of the second points I ages 1, 2, 4 Should	at once.	
BOX 68760, BALTIMORE, MARYLAND 21215-0020	MYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	hysician and completely filled in by the funeral director, page 5 should	le prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DATE OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITH, OR ATT COING PHYSICIAN: The law requires that the death certific	TO THE FUNERAL THE ATTENDED TO THE STORY OF THE STRENGTH OF TH	be filed within 72 nous and draw with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other	

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATN
	D	AVTD	ROS	ENBER	G						AY	199	
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH			2 4:00AM PLACE (State or Foreign
	577 10 576	7	1 1 M 2 □ F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	April 27	7 10	Country	ashington
	9a. FACILITY NAME (# not in	70	9b. CITY, TOWN (OR LOCATI	ON OF DE		7, 19 L3 DC				
E E	MONTGOMERY GENERAL HOSPIT					0	LNE	Y				NTGO	
DIRECTOR	RESIDENCE OF DEC												
분						ITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?
			Jonery		21.	ilver Spring							1 YES 2 NO
 	100. STREET AND NUMBER 3392 Chisw		Tourst			10f. ZIP CODE						IZEN OF W	HAT COUNTRY?
FUNERAL		ICK (20906					USA		
I I	11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Married 12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES			T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	OF HISPANI	C ORIGIN? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.
à	3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES	21			2 XNO				Whi	
15. DECEDENT'S EDUCATION 150 DECEDENT'S USUAL COCUPATION								ce					
<u>-</u>	(Specify on) Elementary/Secondary (C	y highest grade	College (1-4 or 5 +		(Give kind of silfe. Do NOT us	work done	during mo	st of working	ng	166. KIND OF BUS	SINE 35/IN	DUSTRY	
립	Living in the secondary (c	,	2		sura	nce	Bro	ker		McLaug	hli:	n Co	mnanu
COMPLET	17. FATNER'S NAME (First, M	iddle, Last)		1	Dara	100	DIO		NER'S NAM	AE (First, Middle, Malden		11 00	mpany
BE C	Jacob Rose	nberg	1							e Hirsh	Comania		
00	19a, INFORMANT'S NAME (7			T	19b. MAILING	ADDRESS	S (Street a			oute Number, City or Tow	n. Stata Zie	n Code)	
5	Jane M. Ro	senbe	era		same						n, Orano, En	<i>y</i> 0000)	
	20a. METHOD OF DISPOSIT			20b. PLAC	EANDDATE	OF DISPOS	ITION /Na	me of		DATE 20c. LO	CATION	City or Tow	vn. Stata
	1 1 Burlai 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other		oval from Stata	King	Day:	hecolace)	lem.	Gdr	ns.2	/20/92 F	all	s Ch	urch.VA
	21. SIGNATURE OF FUNERA					22.	NAME AN	ID ADDRES	SS OF FAC	ILITY			uz 011 / 111
	Huue	Ma	re Var	·KOh)						n Funera			
	23. PART I. Enter the di		7 0-	7	death On a	I F	all	s Cr	nurc	h, VA 2	204	6	
	anock, or m	eart renure.	Liet Drily Dne ceu	ee Dn each II	ine.	iot enter	the mo	de Dt dyi	ng, auch	ae cerdiac or reepi	ratory an	reat,	Approximeta intervai Between
1	disease or condition resulting in deeth) • Cardio pulsary Arrest									Onset and Death			
H	e. DUE TO (OR AS A CONSEQUENCE OF):										Miner		
2	- Arasacca										month		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
S	cause. Enter UNDERLYI CAUSE (Disease or inju	NG	e M	celnu	strete	w							neath
E	thet initieted events		DUE TO	OR AS A CONS				, , ,	,				
E	resulting in death) LAS		d//	nelle	cours .	au	M	4.6	u				well
	PART ii. Other eignitice	nt condition	e contributing to	death but on	t resulting i	n the un	derlulas		dues in E				
MEDICAL	6	colu	, & Der	ear "	-wi	41.	derlying	n	to ACC	Part I. 24a. WAS AN PERFOR		1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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200	EXAMINER?		HOSPITAL:	5710-4-4	. 57.00	OTHER	t:			ck only one)			
Ŧ	27. MANNER OF DEATH		200. DATE OF		28b. TIM		28c. INJ			Other (Specify)			
- 44		Pending	(Month, De	ry, Year)	INJ		WOI	RK?		28d. DESCRIBE HOW II	IJUNY OCI	LUKED	
BY BY	2 Cut-td-	nveetigation Could not be	28s. PLACE OF	INJURY At	home, farm, a	treet, facto				28f. LOCATION (Street a	ad Number	or Burni Bo	urda Alumbar
TED		determined	building,	etc. (Specify)						City or Town, State)	TO THUMBUR	or nover nov	ale Numosi,
COMPLET	29a. CERTIFIER 1 CERT	FYING PNYSI	CIAN: To the heat of	· · · · · · · · · · · · · · · · · · ·		AT A DECEMBER							
₹ I	(Check only one) 2 MEDI	CAL EXAMINE	R: On the basis of av	amination and/o	destin occurre	d at the ti	me, data	and placa,	and dua to	o the cause(s) and man me, date and pieca, and	ner ea stat	ed.	
	29b. SIGNATURE AND TITLE			and the same of th	vectysti0	-, my 0	printini, tk						20 00 00 00 00 00 00 00 00 00 00 00 00 0
H	1/a/ala	6.101						29c. LICE	NSE NUMB	DER C	29d. DAT	E SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAUSE	E OF DEATH (EM 27 /	Onlant		V	,) (1/2	18191	-
	LARREN	0 12	KA() 2	205 N	1000 (Type,	Print)	de	3/4	SI.	918 on ferrag	10.	2000	
-	31. DATE FILED (Month Day)	(bar)	3/ BEGISTA	IS SIGNATURE	2 an	(no	, ,	, – ,	-cu	ru ornay	and .	CE 40	6
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH CATHERINE H. ROOS 1800 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH A. BIRTHPLACE (State DAVE 1 M 2 F 219-30-8588 AUG.28. MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3617 COOLIDGE AVENUE 21229 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married ORCES? 1 YES 2 NO FORCES? If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EOUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 7TH GRADE PACKER MARY SUE CANDY COMPANY 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) BERNARD AMELONG HELEN SMITH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 JOHN W. ROOS 3617 COOLIDGE AVENUE-BALTIMORE, MD. 21229 20e. METHOD OF DISPOSITION

1 X Burlaí 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) LOUDON PARK CEMETERY BALTIMORE 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. Lecco. 21229 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ From Metastases mo resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Comes hu Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate causa. Enter UNDERLYING CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? OTHER: ☐ ER/Outpetient 3 ☐ DOA Besidence 6 - Other (Specify) 27. MANNER OF DEATH DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation M 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Nomicide 29a, CERTIFIER 1X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 02435 92 121229 Wm Cleaterfield mo

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			CERTIFIC	AIL OI		Υ	NO.		
	1. DECEDENT'S NAME (First, Middle, Jessie		K/A Cesla	va Sope	1	2. DATE OF DEAT MONTH	DAY	3. TIME OF DEATH 92 1445	
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye 9/16/23	H 8	BIRTHPLACE (State or Fore Country)	
	215-18-5939 1			b. CITY, TOWN O	R LOCATION OF DE	, ,		Maryland Y OF DEATH	
CTOR									
111	RESIDENCE OF DECEDEN 10a, STATE 10b. Co	OUNTY	10c. CITY, T	OWN OR LOCATI	ION			10d. INSIDE CITY LIMITS?	
DIRI	Md.	Elk	cridge				1 [] YES 2 1 N		
ERAL	100. STREET AND NUMBER 6141 Hunt Clu	b Road		10f.	ZIP CODE 2122	7		EN OF WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER	2 00		city Cuban, Mexica	n, Puarto Rican, at	IGIN? (Specify Yes or No— I 14. RACE — America Black, White, etc.) Specify:		
9	15. DECEDENT'S (Specify only highest		16a. DECEDENT'S US	UAL OCCUPATIO		18b. KIND 0	F BUSINESS/INDUS	white stry	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use re	etired.)	•	Davis & Hemphill			
COMPL	17. FATHER'S NAME (First, Middle, La.	st)	Packe	7	18. MOTHER'S NA	ME (First, Middle, M		Astron	
ш	Charles Karp	isz			Helen	Wisniews	ska		
0 8	19a, INFORMANT'S NAME (Type/Print)					Route Number, City			
	Alexander S. Sopel 6141 Hunt Club Rd., Elkridge, Md. 21227 20g. METHOD OF DISPOSITION 20g. PLACE OF DISPOSITION (Name of commetter), cremetory or 20g. LOCATION — City or Town, State								
	1 A Burial 2 Cremation 3 4 Donation 5 Other (Specify,	Removal from State	other place) Meadowrid				Elkridg		
	21. BIQUATURE OF EMPRAL SERVI	L. Koul	ad the death. Do not	5695 1	Main St.	an Funer	lge, Md.	21227	
	shock, or heart this	flure. List only one cause on			ue of uyilig, euc	III de Cardisc Of	Leabstratory Stress	III. Approxims	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. arter	each line.					Interval Be	
ERTIFICATION	disease or condition	S. DUE TO (OR AS DUE TO (OR AS C.	each line.					Interval Be	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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PITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	HERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in Paythe funeral death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IT II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	TOATE	: Ur	DEAL	н	R	EG. NO				
	1. DECEDENT'S NAME (First, Middle,		Cecil STONEM	AN				2. DATE OF E	eath D	1 7,	1992	3. TIME OF DEATH 10:10P M	
	4. SOCIAL SECURITY NUMBER 229-12-2137	5. SEX	6. AGE (In yrs. lest birthday) 71 yrs.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Din) JULY	RYH	1920	0. 0.10001140	Virginia	
	Se. FACILITY NAME (If not institution,	,-	95 CITY	TOWN C	OR LOCATIO	N OF DE		211		NTY OF DE	viiginia		
8	Franklin Squ	- C. C. I		OSSV	1			11111 - 14	altim				
5	RESIDENCE OF DECEDEN	T								Do	T CTIII	ore	
DIRECTOR	Md .	TY, TOWN OR LOCATION ESSEX								10d. INSIDE CITY LIMITS? 1 YES 2X NO			
FUNERAL	100. STREET AND NUMBER 937 Kinwat	Δινο			10f. ZIP CODE				10g. CIT	HAT COUHTRY?			
NE I	11. MARITAL STATUS							USA					
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Never Merried 2 Merried FORCES? X YES 2 NO				ecify Cuber	F HISPAH 1, Maxicai Specify	n, Puerto Ricen	ecify Yes , atc.)	or No—	Specify	American Indian, White, etc.	
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							16b. KIHI	OF BUS	SINESS/INC		wurte	
COMPLETED	Elementary/Secondary (0-12)	W. D. MOT					9						
MP	11th							G€	ener	al M	otors		
	17. FATHER'S NAME (First, Middle, Las Burton St					16. MOTH		ME (First, Middle					
BE	19e. IHFORMANT'S NAME (Type/Print)		19h MAII IM	ADDRESS	/Descrit a	and Alexandra		izabeth		Akeı			
2	Ruby Stonem	19e. HAFORMANT'S NAME (TyperPrint) Ruby Stoneman 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 937 Kinwat Ave. Baltimore MAryland 21221										221	
	20a. METHOD OF DISPOSITION 1 © Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place) DATE 20c. LOCATION — City or Town, State												
	21. SIGNATURE OF FUNERAL SERVICE		Gardens	of Fa	HAME AH	O ADDRES	2/2 S OF FAC	1/92	R	ossvi	lle	Md.	
	Connelly	Fune	cal Hom	0	Conne	ellyF	unei	ralHome				21221	
	23. PART i. Enter the diseases shock, or heart to	or complications that ure. List only one cau	t causad tha death. Do	not antar	tha mo	da of dyli	ng, auch	aa cardiac	or reapi	ratory arr	eat,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	1	10 0									Onset and Death	
	disease or condition resulting in death) a. Acute Myocardial Infarction OUE TO (OR AS A CONSEQUENCE OF): 18 hove									18 hoves			
z	CONSIDER ANTEN DISCOURS										10 years		
5	If any, leading to immediate									7 cars			
SE I	Cause. Enter UNDERLYING CAUSE (Disease or Injury C. DUE TO (OR AS A COMSEQUENCE OF):												
CERTIFICATION	that initiated events resulting in death) LAST d.												
	PART II. Other aignificant cond	litions contributing to	death but not resulting	in the un	dochdoo		home to t	Daniel Lau					
EDICAL		I've Heart		III (III UII	uerrymg	icause g	ivan in i		PERFOR	AUTOPSY MED?	A	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
		77	7.7072		_			- 10	YES 2	No		OMPLETION OF CAUSE OF GEATH?	
Σ.								-			1	☐ YES 2 ☐ HO	
Š	25. WAS CASE REFERRED TO MEDICA	AL .			26. PL	ACE OF DE	ATH (Che	ck only one)	_				
Sic	EXAMINER?	HOSPITAL:	ER/Outpetient 3 DOA	OTHER	:			6 Other (Spe	clfv)				
Y PHYSICIAN: M	27. MAHHER OF DEATH 1 Patural 5 Pending	28e. OATE OF (Month, D.			28c. IHJU WOI	URY AT		28d. DESCRIB		JURY OCC	CURED		
D BY	2 Accident investigat 3 Suicide 6 Could no 4 Homicide determine	28e. PLACE O	F INJURY — At home, farm, etc. (Specify)	atreet, fecto				281. LOCATION City or Tow	(Street a	nd Number	or Rural Rou	ute Number,	
E,													
COMPLETED	(Check only CERTIFYING P	HYSICIAH: To the beat of MIHER; On the basis of st	my knowledge, death occurr samination and/or investigation	ed at the th	me, date	end place, eath occure	and due t	to the cause(a) lime, date end p	and man	ner ee state	ed. e ceuse(s) e	and menner se stated.	
띪	296. SIGNATURE AND TITLE OF CERT					29c, LICE		BER 59				Aonth, Day, Year)	
2	30. HAME AHD ADDRESS OF PERSON		SE OF DEATH (ITEM 27) (Type	. Print)		0 3	7/	3 7		-	2/17	142	
			Silver kn		10-	Per	ry	Hall	40	2,	1128		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGHATURE										
	FEB 2 1 1992	getia David	on Randelle			5000							

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HOSPITAL FUNERAL (within 72 h

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IMPORTANT:

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SI. DATE FILE EB 21

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30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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BALTIMORE, MARYLAND 21215-0020	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be intrained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builal-transit permit. Pages 1. 2 perspending the print that the state has the second state of the	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furbours after death, with the State Door of Health and Mental Harison nities to build committee or commentations.	from 28 is marked, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 04873 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HOWARD FEB 12 JAY SMITH 1992 6:58P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 3-4-1917 330 16 8024 1 M 2 F Онто 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR 715 MAIDENCHOICELN CHARLESTOWN RESIDENCE OF DECEDEN RET CENT BALTIMORE BALTO, COUNTY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE COUNTY CATONSVILLE 1 YES 2 NO FUNERAL 100. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 715 MAIDEN CHOICE LANE APT CC 423 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 X Married BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced Specify: WHITE COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 +4 RESEARCH ANALYSIST CHEMICALS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnan JAY A. SMITH BE CYNTHIA BALLARD 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARY LOUISE SMITH 715 MAIDENCHOICELANE APT CC 423. BAL TO MD 21228 WIFF 20e. METHOO OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE Donation 5 Other (Specify) SUMATURE OF PUNERAL SERVICE LICENSEE RONALD WADE, DIR 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD 1000 2/14/92 655 W. BALTIMORE ST. BALTO MD 21201 23 PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, of heart failure. List only one cause on each line. Approximata Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition SOUMMOUS CANCEL SUL BI resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 NO 4 - Nursing Ho ne 5 Mesidence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending Investigation BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED a Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion ccured at the time, data and place, and due to the cause(e) end menner as stat 29b, SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER

21220

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29d. DATE SIGNED (Month) Day, Year)

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-MAIDEN SHOKE

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OF ALLENDING PHYSICIAN: THE JAW REQUIRES that the death certificate be executed within a cours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	Jept.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR ERTIF					MENTA	NL HYGIEI		92	04874
	1. DECEDENT'S NAME (First, Middle, Last) Edward SHceder	FDWADD D CWEEDER							A DATE OF DEATH			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218 14 8478	5. SEX	6. AGE (In yrs. Ia. 74	st birthday) YRS.	IF UND	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mon	of BIRTH	7	Country	PLACE (State or Foreign
TOR		PRANCIS SCOTT KEY HOSPITAL						ON OF DI	EATH	9c. COUNTY OF			ATH
- DIRECTOR	MARYLAND 106. COUNTY					OR LOCAT	ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	7829 WYNBROOK RO						212	24				USA	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2		13	If yea, apo	cify Cuba	n, Mexica	in, Puerto	N? (Specify Yo Rican, atc.)	ea or No	14. RACE Black Specif	- American Indian, , white, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	CEDENT'S live kind of v Do NOT us	vork done	during mos		ng	16	b. KIND OF BU	JSINESS/IN		- WILL
BE COM	17. FATHER'S NAME (First, Middle, Last) JOSEPH SWIDERS!	(I								Middle, Malde	n Surname)		
TO 8	JOSEPH SWIDERSKI 19a. INFORMANT'S NAME (Type/Print) DOROTHY CARL 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7829 WYNBROOK ROAD, BALTIMORE, MD 21224										4		
	206. METHOD OF DISPOSITION 1 Surface 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) IN STATE 206. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetery or other place) 206. LOCATION — City or Town, State 206. LOCATION — City or Town, State 207. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD												
	mud al	le	2/20	/92	6	55 W	. Bai	TIM	ORE	ST. RA	OT I	MD 2	
	ahock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	IMMEDIATE CAUSE (Final disease or condition)										Approximeta interval Batwee Onset and Deat	
NOIT	Sequentielly list conditions, if any, leading to immediate		OR AS A CONSE										
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reculting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF	·):								
PHYSICIAN: MEDICAL CE	PERFORMED? AV										WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
CIAN: P	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOOGITAL					ACE OF O	EATH (Ch	eck only o	ne)			1 VES 2 NO
	1 YES 2 NO 27. MANNER OF DEA(H 1 Natural 5 Pending	HOSPITAL: 1. Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Sec. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK?						AT 28d. DESCRIBE HOW INJURY OCCURED					
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, o	INJURY — At ho	ome, term, s	treet, fac	1 Y	ES 2	NO	28t. LOC City	CATION (Street or Town, State	and Numbe	or or Rural Ro	oute Number,
COMPLE	29a. CERTIFIER 1 CCERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE												and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER THE PROPERTY OF PERSON WHO	een/n	no A	18	B	EL M		NSE NUM					Month, Day, Year)

D40294

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Lest)			Q.	ad	F DEATH	2. DATE	OF DEATH		YEAR	IME OF DEATH
DKENAL)		VI	DUE	15	2		7	32	4 9
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		ONTHS DAY		(Month	OF BIRTH D. Day, Year)		Country)	E (State or Foreign
296-28-6820 See FACILITY NAME (If not institution, give stre	44	59					1/32		Ohio	
					N OR LOCATION OF B	EAIR			Y OF DEATH	
VA. Med. Center	Baltin	more M	d.	Bali	timore			Balt	imor	<u>e</u>
Md. 10b. COUNTY Bal	timore			Mor.	cation ley Stre	et E	Baltim	nore		INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER					101, ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
138 Morley Stre	et				21229		- 11	USA		
1 Never Married 2 Married	12. WAS DECEDENT FORCES? 12 IF YES, GIVE W Korean	YES 2 AR OR DATES	NO	13. WAS E	DECENDENT OF HISPA specify Cuban, Mexic /ES 2 NO Speci	NIC ORIGIN an, Puerto I ify:	? (Specify Yea Rican, etc.)	or No- 14	Stack, Wh	American Indian, lite, etc. Black
15. DECEDENT'S EDUCA (Specify only highest grade of		16a. Di	ECEDENT'S US	NAL OCCUPA	ATION most of working	16b	KIND OF BUS	INESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +) 1					D		T 1	
		De	elive	ry Di				ate	ındu	stry
17. FATHER'S NAME (First, Middle, Last) Jack Sanders					16. MOTHER'S N.					
19a. INFORMANT'S NAME (Type/Print)							kson			
Norma Sanders		19			et and Number or Rural					1220
20g, METHOD OF DISPOSITION		20h DI 4 CI	E AND DATE C			DAT		CATION - CH		
ALA Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Carrisno Forest 2/24/92 Balti 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Home 108 W. North Ave										
21. SIGNATURE OF FUNERAL SERVICE LICE	C. Somplications that	t caused the d	eath. Do no	Home	AND ADDRESS OF F	8 W.	lugene Nort	R. h Av	Pric	e Fune
21. SIGNATURE OF FUNERAL SERVICE LICE	omplications the lest only one could not be to oue to	t caused the d	eath. Do not a.	HOM 6	AND ADDRESS OF F	8 W.	Nort	R. h Av	Pric	e Fune Approximate interval Betw
23. PART In Enter the diseases, pr co ahock, or heert feliure. L IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	omplications the list pnly one could not be	t caused the dise on each line (OR AS A CONSE	eath. Do not a	Home tenter the	AND ADDRESS OF F	ACILITY E	Nort	e R. h Av	Pricenue land	Approximate interval Betwoonset and De
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31. DATE FILED (Month, Day, Year) FEB 2 1 1992

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should hit the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IN JERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furthing 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR TIME OF DEATH														
	FRANCINA		THOMASON								992 8:51 A.M		. M		
	4. SOCIAL SECURITY NUMBER 244-34-0297		5. SEX	8. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS			(Montl	7. DATE OF BIRTH (Morth, Day, Year) 12-02-2		8. BIRTNPLACE (State or Incountry) 24 S. C.		
	9s. FACILITY NAME (If not institution, give street and number)					9b. CITY	, TOWN (OR LOCATION	ON OF DE		2-02-		NTY OF D		
DIRECTOR	1423 E.PR	r		BAL	TIM	ORE	CIT	ry							
EC	10e. STATE 10b. COUNTY				10c. CI1	TY, TOWN C	OR LOCAT	TION						10d. INSIDE CITY	
5	Md.					251+	ima		МА					LIMITS?	ю
AL	10e. STREET AND NUMBER					Balt	101	ZIP COD	F	-		10g. CIT	IZEN OF V	VHAT COUNTRY?	
E	1423 E.	Prest	on Str	eet				21	213			U	.S.	A	
FUNERAL	11. MARITAL STATUS			NT EVER IN U.S. AR							? (Specify Yes	or No-	14, RACI	— American Indian	١,
B⊀	1 Never Merried 2 3 XWidowed 4 Dive	The second secon		WAR OR DATES 23				2 NO			mount, enoug		Speci		
COMPLETED	15. DEC (Specify on	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON st of working	ıa	16b	KIND OF BU	SINESS/INC	DUSTRY		
	Elementary/Secondary (College (1-4 or 5	life	Do NOT u	se retired.)									
MP	12th			Нс	ouse	kee	oing								
BE CO	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname)														
10 B	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	S (Street e	nd Number	or Rural I	Route Numl	oer, City or Tow	n, State, Ziç	Code)		
F	Alexande	er F/	H		12	N. :	Irwi	in A	ve.	/ Ch	arlo	tte,	N. (2920	02
	20e. METHOD OF DISPOSIT		oval from State	20h PLACE A	MDDATE	OFDISBOS	ITION /No	me of		DAT	200 10	CATION	City or To	ave State	
	4 Donetlon 5 D Other	r (Specify)		Beat	tis	For	rd N	1em.	Ga	rden	Med	ckle	wbui	ck, Co.	
	21. SIGNATURE OF FUNERA	IL SERVICE LI	CENSEE			22.	NAME A	O ADORES	SS OF FA	CILITY					
	1-	-w	XX	J. F.	_	V	Vm . C	. M	arcl	h F/	н 1	101	E. 1	North Av	ve.
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	eart fallure.	ARTERIC	OSCLERO	TIC	CAR							reat,	Approximat Interval Bet Onset and I	ween
TION	Sequentially list condit if any, leading to imme	SEQUENCE OF):						<u>.</u>							
MEDICAL CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	EOUENCE OF):													
EH	resulting in death) LAS		d												
LC	PART II. Other algoritics	ant condition	death but not n	not resulting in the underlying cause givan in F						Part I. 24a. WAS AN AUTOPSY			. WERE AUTOPSY FINE	DINGS	
S											PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED										_	1 TES 2	11		OF DEATH?	
										- 1	INQUI	RY		1 TYES 2 NO	'
AN	25. WAS CASE REFERRED T	O MEDICAL					28. PL	ACE OF D	EATN (Ch	eck only on	e)				
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER		a 5V Re	aldence	8 Othe	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH	Pending	28e. DATE OF		28b, TIN		28c. INJ WO	URY AT			CRIBE NOW	NJURY OC	CURED		\neg
D BY	2 Accident 3 Suicide 8	Investigation Could not be	28e. PLACE (OF INJURY — At hor, atc. (Specify)	me, farm,	street, fact		ES 2	NO		ATION (Street :		or Rural F	Poute Number,	
COMPLETED	4 Homicide	determined													
PLE	29e. CERTIFIER 1 CERT	TIFYING PNYS	ICIAN: To the best o	f my knowledge, de	nth occum	red at the t	lme, date	end place.	end due	to the cau	se(e) end me	nner ee stat	led.		
OM	one) 2 💢 MED	CAL EXAMINE	SR: On the besie of a	mamination end/or i	nveatigati	on, in my o	pinion, d	eath occur	ed at the	time, date	and place, en	d due to th	ne ceuse(e	end menner es stat	ted.
BE C	200 SUBHATURE AND TITLE	OF CEMPTE	100/	11.	29c. LICENSE NUMBER 29d. DATE SIGNED							(Month, Day, Year)			
2	30. NAME AND ADDRESS O	PERSON I	O COMPLETED CAL	DE OF DEATH OFF	1 27) (Type	. Print)		0.0		~ •			- 12	1772	
	MARIO F.GO	LLE J	JR.M.D.	1			SI	REE	r BA	ALTI	MORE	MAR	YLAN	ND 21201	1
	FEB 2 1 19		fulia Davido	AR'S SIGNATURE	2										
		4-													

DHMH-18 Rev 1/89

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3. TIME OF DEATH

REG. NO.

Katie

Veney

pital or attending physician.	d for use as the burial-transit permit. Pages 1.		
irs after death. Page 6 may be retained by the ho	by the funeral director, page 5 should be detach	or removal.	nedical examiner must be notified at once.
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely : by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1.	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Item

DIRECTOR: After the hours after death v

USPITAL NERAL Ithin 72 P

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

should

2. DATE OF DEATH VENE 92 7:529 11 02 4. SOCIAL SECURITY NUMBER B. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 06-14 8. BIRTHPLACE (State or Foreign 213-20-2800 MONTHS DAYS 1 M 2 X F YRS. 98. FACILITY NAME (If not institution, give street and number)

SINAI HOSPITAL OF BALTO 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTO DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION

BALT 10a. STATE 10d. INSIDE CITY 7 MORE 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 21215 10g. CITIZEN OF WHAT COUNTRY? INNIS OF EVERGREEN 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yee or No-If yea, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BLACK BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTR (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Domestic Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Miller Ollie Clark BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Garrett Veney 3503 Carsdale Avenue Balto. Md. 21215 20s. METHOD OF DISPOSITION

YE Burlal 2 Cremetton 3 Removat from Stata
4 Denation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata ME ATTY Cem. Gretna, Va. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE James A. Morton & Sons a. 1701 Laurens St. Balto., Md. 21217 23. PART I Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Fine) **Onset and Death** disease or condition FAILURE MULTI ORGAN
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) SEPSIS CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in daeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.

RENAL FAILURE PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO DE DEATH? DIFF STOOLS 1 - YES 2 00 PNEUMONIA 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 18/92 COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

GA. M. D. SINA/ HOSPITAL OF EGA PAMELA 31. DATE FILED (Mo hie Davidson-Randale

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F VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	FISICIAN. The law requires that the death certificate be executed within ainvite after death. Page 6 may be retained by the hospital or attending physician.	centificate has been signed by the attending physician and completely filled in by the taneari director, page 5 should be detached for use as the burish-baselt permit. Pages 1, 2, 3 should in the Stan Deut of Health and Mental Healthe prior to burish, constraint, or remove.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law regules that the death certificate be executed within) THE FUNETAL DIRECTOR After the certificate has been signed by the attenting physician and completely filled in by the flow writer 75 hours after nearly with the State Doct, of Health, and Mental Replete prior to burist, chemidian, or removal	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF MARYL		RETMENT OF H			IYGIENE REG. NO.	5 8	123			
	1. DECEDENT'S NAME (First, Milital, Last) Arthur G	Arthur G. Van Belt						2. DATE OF DEATH DAY TEAR 2 TIME OF DEATH 2 - 19 - 92 5140				
	L SOCIAL SECURITY HUMBER	S. SEX	IF UMDER 24 HIRE. HOLITIS MIN.		12-14	8. BIRTHPLACE (State or Foreign Country)						
TOR	Buttimere Court RESIDENCE OF DECEDENT		ospitul	Rand	ells tou		100000	altimore				
DIRECTOR	— water American Laboratory	Baltimore	TY, TOWN OR LOCA		Mills			TOJ. HISIDE CITY LIMITES ↑ YES 2X NO				
FUNERAL	41 Straw Hat Ro	ad Apt. 2	В	10	21 code	117	200	United States				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 XX NO	If yes, as	ENDENT OF HISPA ecity Cuben, Mexic i 2 25 NO Speci	an, Puerto Rice	ipecity Yes or No n, etc.)	Specif	- American Indian, White, etc. Casian			
COMPLETED	IS. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)		USUAL OCCUPAT) work during rouse retired.)		16b. KI	ND OF BUSINESS/I					
COMP	10th Grade 17. PATHER'S NAME (First, Middle, Lant) John Bed	- ht	river	18. MOTHER'S N.	AME (First, Midd	Cardinel M. Maiden Surnama Runlich		ucking Co.				
TO BE	19a. INFORMANT'S NAME (Type/Print)		AND THE STATE OF T		and Number or Rural	Route Number	City or Rwin, State,	190011				
	MS Janice Van Pel	novel from State	b. PLACE OF DISPO	SITION (Name of ce	metery, cremetory or	s, MD 21117						
	21. SIGNANDER OF FUNERAL SERVICE LICENSEE Carroll Cremation, INC. Hampstead, MD 21074 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, INC. 8728 Liberty Rd Randallstown, MD 21133-											
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	· Penfor	A CONSEQUENCE O	Small :	Entestive evitorii				Interval Between Onset and Death			
MEDICAL	PART II. Other significant condition	g cause given ir	In Part L. 244, WAS AN AUTOPSY PERFORMED?			240. WERE AUTOPSY FINGINGS ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	petient 3 [] DOA	OTHER:	LACE OF BEATH (C		pacify)	_				
ву рну	27. MANNER OF DEATH 1. Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, West)	286. Til	ME OF 28s, IN	JURY AT DRK? YES 2 NO	AT 284. DESCRIBE HOW INJURY OCCURED						
	4 El 4 4 4	2 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Fund Pour										
COMPLETED	29th CERTIFIER CONTIFYING PHAR (Check only MEDICAL EXAMIN	1//////	wedge, death occur on and/or investigati) and manner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	n Xus	MO		29c. LICENSE NO.	MMCR 49	294. 0	ATE SIGNED	(Morth, Day, War)			
	Butting recorded States	Laz REGISTRANS SIGN	tell 54		ourt Rd	. Ran	dallstu	wn,	MY			
	FEB 2 1 1992	Julia Davidson	1									

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be notified at once.

or other traumatic event, the medical examiner must cremation, or removal.

shows any injury,

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marked,

PHYSICIAN: item 23

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COMPLETED Item 28

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29b. SIGNATURE AND TITLE OF CENTIFIER

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DIVISION OF VIEW RECORDS, F.O. DON 19149,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-min	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	
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l	FOR 1 - STATE REGISTRAR	STATE OF N	/ARYLAND	DEPAR	TMENT	OF H	EALTH DE AT	AND 1	MENTA	L HYGIEN					
j	1. DECEDENT'S NAME (First, Middle, Last) EMMET B. WYATT								MONT	OF DEATH	AY	YEAR		ME OF DEATN	
	4. SOCIAL SECURITY NUMBER 225-34-2998	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Monti	of BIRTH h, Day, Year))5-24		Count	NPLACE	(State or Fore	
TOR	98. FACILITY NAME (If not institution, give to VA MEDICAL CENTER RESIDENCE OF DECEDENT		WARD				WARE		ATH			TIM			
DIRECTOR	10a. STATE 10b. COUNT MARYLAND BALTI				TIMO		ION							INSIDE CITY LIMITS? YES 2 X N	10
FUNERAL	100. STREET AND NUMBER 401 DORSEY AVENUE	-				21	. ZIP COD				UNIT	ED S	TAT		
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W WORLD W.	WAR OR DATES	IMED NO		f yes, ep-	ENDENT (ecify Cubi 2 NO	m, Mexica	n, Puerto	N? (Specify Yea	e or No—		ck, White city:	nericen Indien ie, etc. VHITE	9
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION	16a. DE (G	live kind of Do NOT u	work done is retired.) PERA	during mo	ON st of worki	ng		EAVY I			C		
BE COM	17. FATHER'S NAME (First, Middle, Lest) ELBERT L. WYATT	_								Middle, Maiden					
TO B	19e. INFORMANT'S NAME (Type/Print) CLINICAL RECORDS									ber, City or You THOWA	ARD,	MD	210		
	20m METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)		20b. PLACE Gilberto	of dispo	n For	est	Ceme	eter			Altir	nore	Md	•	
	21. SIGNATURE OF FUNERAL SERVICE LI	- CA	3	\supseteq	22.	NAME AI	ND ADDRE	SS OF FA	COLUTY	370	55e		W1	ace 19	tue
	23. PART I. Epter the diseases, or shock or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CARCINOM.		IG		the mo	ode of dy	ring, auc	ch s cer	diec or reep	iratory a	reat,		Approximatintarval Bet Onset and L 1/2	tween Death
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	C	O (OR AS A CONSE												
MEDICAL C	PART II. Other significent condition EMACIATION	one contributing to	death but not	resulting	in the u	nderlyin	g ceuse	given in	Part 1.	24a. WAS AF PERFO 1 TYES	AMED?	24	COMI OF D	E AUTOPSY FIN LABLE PRIOR TO PLETION OF CA DEATH? YES 2 1 N	O AUSE

1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATN (Check only one) HOSPITAL:
1 A Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 TES 2 NO 4 ☐ Nursing Nome 5 ☐ Reeldence € ☐ Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 20c. INJURY AT WORK? 20d. DESCRIBE NOW INJURY OCCUREO 1 Netural 6 Pending investigation 1 YES 2 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be datermined 4 Nomicide

1X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end menner ee stated.

2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) and manner es stated.

29c. LICENSE NUMBER

Luan 30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

PETER V. JUVAN, M.D. VA MEDICAL CENTER, FORT HOWARD, MARYLAND 21052

31. DATE FILED (Month, Day, Year) FEB 2 1 1992 32. REGISTRAR'S SIGNATURE 1992

Savidon Bordell

29d. DATE SIGNED (Month, Day, Year)

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Julie Davidson Andelle

TO THE HOSPITAL, OR ATTENDING PHYSICIAN. The law requires that the death certificate be encuted within 24 flours after death. Page 6 may be retained by the hospital.

TO THE FUNESAL, DIRECTOR: After this certificate has been signed by the attending physician and completely flied in by the flourest director, page 5 should be described for use as the burish-transit permit. Pages 1, 2, 3 should be flet within 72 hours after death with the State Dipp. of Health, and Mental Hypiene prior to burish, certainly, or removed.

IMPORTANT, If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

02/04/92 1 P. 3 1.312 32 C FILLIASS. ETS 2095 1 P. 96 04/98/

PECICTOAD	OWNE OF MARKEDAN				MENTAL HYG		
1. DECEDENT'S NAME (First, Middle, Las	4.0	IAMS	CATE OF DE	ATH	REG. 2. DATE OF DEAT MONTH 0.2	1	TEAR 0630
4. SOCIAL SECURITY NUMBER	10 M 2 56 6	vis.	FUNDER 1 YEAR FU MONTHS DAYS HOU	NOCH 24 HRS. INS MIN.	7. DATE OF BIRTH (Month, Day, Yea	Ti	SURTHPLACE (State or Fure Country) 5.C.
98. FACILITY NAME IT not instituted from	local Ceri	tel	sh city, jown on to	CATION OF DE	4	Se. COUNT	TY OF DEATH
10a. STATE	NTY	Da. ofry,	LAND	re	1		10d. INSIDE CITY LIMITST 1 VES 2 N
2435. ALB	In Freet		101, 219 (2/22	3	10g. CITIZI	en of what country?
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U.) FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO.	13. WAS DECEMBED If yes, specify of the YES 2	Çuban, Mexicar	IC ORIGIN? (Specify s, Puerto Rican, etc.	Yes or No-	H. RACE — American Indian Stack, White, etc.
15. DECEDENT'S EL (Specify grily highest gra Elementary (Secondary (6-12)		e. DECEDIÈNT'S U (Give Mic of ve Na. De NOT use	ISUAL OCCUPATION and done during most of w	erring (16b. KIND OF	BUSINESS/INDU	STRY
17. FATHER'S NAME (First, Middle, Last)		7104	312	MOTHER'S NAI	ME (First, Mark) Was	den Eurnamas ALBS)
HURRED CHOCKE	Surge	2432	S. HICH	phor or Paral P	Shelt	3mm 2mm 200	2/223
2pd METHOD OF DISPOSITION 1 € Burlel 2 □ Cremation 3 □ Re 4 □ Donation / 5 □ Other (Specify)		ACE AND DATE OF	POSPOSITION (Name of er place)		2/2 200	Da Ar	ty or Town, State
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE,	C	22. NAME AND AD	DRESS OF FAC	OLLITY OF	1001	1,0
	D. Well.	K	1830	fin	uar	118	2/2/7
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a. List only one cause on each	RENA	1 FAIL		an cardiac of re	Applicatory arrest	2/2/7 st, Approximate interval Bette Onset and I
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	e. List only one cause on each	RENA	L FAIL		as cardiac of re	sepiratory arres	Interval Bet
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BALLIMORE, MARYLAND	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	NEERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the Research of removal.	ATE II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND		HYGIENE BEG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	JAMES (L.)		5		2. DATE OF MONTH		42	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2 1 9 - 66 - 83 45 98. FACILITY NAME (If not institution, give sit	1×M2 = 3	4 YRS. MON		IF UNDER 24 MRS HOURS MIN.	(Month, De	ly, Year)	6. BIRTHP Country)	LACE (State or Foreign
11/1	fal	96.	Ba	Cum	DEATH	9c. COL	INTY OF DE	ATH
RESIDENCE OF DECEDENT 10a. STATE MD 10b. COUNTY		10c. CITY, TO	WN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2111 GARRISON BL	VD.		10	21216			J.S.A.	AT COUNTRY?
10e. STREET AND NUMBER 2111 GARRISON BL 11. MARITAL STATUS 1 📉 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	It yea, sp	ENDENT OF HISI ecify Cuban, Mex 2 X NO Spe	icen, Puerto Rice	pecify Yes or No— n, etc.)	Black,	American Indian, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last)	ATION completed) Coflege (1-4 or 5+)	18a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir UNEMPL	ione during mo red.)	ON ist of working	16b. KIN	ID OF BUSINESS/IN	DUSTRY	
WILLIAM WILLIAMS	3			LINDA	YOUNG	le, Maiden Sumame)		
WILLIAM WILLIAMS		114 W.	27th S	TREET/E		RE, MD 21		
20a, METNOD OF PISPOSITION 1 W Burlet 2 Premetion 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	vet from State	PLACE AND DATE OF DIS etery, crematory or other pl SHELL MEM	DRIAL	GARDENS	OATE	BALTIMO		
23. PART i /Enfer the diseases, of colored colored or head fallure.	+ my	5n0	WM.C.		.H./110	1 E. NOR		ENUE
shock, or heert fellure. L iMMEDIATE CAUSE (Fine) disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	- 					interval Between Onset and Death
PART II. Other significant conditions	contributing to deeth bu	it not resulting in the	underlying	g ceuse given I		WAS AN AUTOPSY PERFORMED? YES 2 NO	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL:		HER:	ACE OF OEATN (
27. MANNER OF OEATN 101. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF BNJURY	28c. INJ WO			BE NOW INJURY OC	CURED	
	28e, PLACE OF INJURY building, etc. (Speci	— At home, term, street,	factory, office		281. LOCATIO City or To	N (Street and Number wn, State)	or Rural Rou	ite Number,
3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowle : On the besis of exemination	edge, death occurred at t and/or investigation, in a	the time, deta my opinion, d	and place, and di	us to the cause(s) and menner as ata place, and due to the	led. ne cause(a) a	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type, Print)		29c. LICENSE N	UMBER	29d. DAT	E SIGNED (A	fonth, Day, Year)
Mercy Hospit	32. REGISTRAR'S SIGNA							
FEB 2 1 1992	Julia Davidson	- Andres						DHMN-15 Rev 1/8

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			sit permit, Pages 1, 2, 3 should	
	BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician	ed in by the funeral director, page 5 should be detached for use as the burial-trans	or remova medical examiner must be notified at once.
7	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL ORECTOR- After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	be med writin it industate deal with the State Dept. Or result and mental righers prior to burds, cremator, or remova. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIFIC	CATE OF I	DEATH		REG. NO		
1. DECEDENT'S NAME (First, Middle, Last	Emma Marie	ZIZWAREK			2. DATE	0F DEATH 2/200/	•	year 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-38-3881	1 - M 2 - X F	92 YRS.		IF UNDER 24 HRS. HOURS MIN.	(Month)	OF BIRTH , Day, Year) 3-189		BIRTHPLACE (State or For Country) Maryland
99. FACILITY NAME (If not Institution, give Franklin Square RESIDENCE OF DECEDENT		1	ROSSVi		EATH		9c. COUNT	y of DEATH Baltimore
100. STATE 10b. COUN			TOWN OR LOCATIO	ON				10d. INSIDE CITY LIMITS? 1 (X) YES 2
3306 Glenmore Av				21214			U.S.	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	13. WAS DECEM If yes, spec 1 — YES 2	NDENT OF HISPA Hy Cuben, Mexic NO Speci	en, Puerto R	? (Specify Yes licen, etc.)		4. RACE — American Indies Black, White, etc. Specify: In I te
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12) 8 Yrs.	UCATION le completed) College (1-4 or 5+)	180. DECEDENT'S US (Give kind of wor life. Do NOT use)	rk done during most retired.)	of working	16b.	KIND OF BUS		
17. FATNER'S NAME (First, Middle, Last)		T HOUSEWIT		18. MOTNER'S NA				
John Stamp 190. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and	Unknow Number or Rural			nsella n, Stete, Zip C	
George F. Zizwar		6001 G	Glenoak					
1 X Buriel 2 Cremation 3 Red 4 Donetion 5 Other (Specify)	moval from State	emetery, cremetory or other Baltimore Na	ational Cer	metery 2	-24-92	Balt	CO., Md.	ty or Town, Stata
Roy H. Cather	CENSEE		No.	ADDRESS OF FA	-7.1	OF Used	Found Del	.,Balto.,Md.21
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	A CONSEQUENCE OF):						Onset end
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
PART II. Other algnificent condition	ns contributing to deeth	but not resulting in	the underlying o	ceuse given in		24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF CA OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLAC	CE OF DEATH (Ch	eck only one	J		
1 YES 2X NO 27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME C		Y AT		(Specify)	JURY OCCUP	RED
1 Netural 5 Pending 2 Accident investigation	(Month, Day, Year)		M 1 TYES	(? S 2 □ NO				
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Sp	RY — At home, ferm, atre secify)	et, factory, office		28f. LOCA City or	TtON (Street a. Town, State)	nd Number or	Rural Route Number,
	RICIAN: To the best of my kno ER: On the basis of examinat							
296. SIGNATURE AND TITLE OF CENTIFIE	Mysenm	1	2	9c. LICENSE NUI		,		IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W. Dr. Fmil Miskov	SKY, MD 900	DEATH (ITEM 27) (Type, Pri	Square	Drive.	Balt	imore	, MD	21237
31. DATE FILED (Month, Day, Year)		naturidson-R						

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[tem	23	Part	I,	27,	28a	,b,c	,d	e,	f	per	MEO	G-685	3/2	/92	gn
12 - 0	904	4-510)												

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	ATE OF DEA	TH	REG. NO.		
1. DECEDENT'S NAME (First, Middle,	ast)			2. DAT	E OF DEATH TH DAY	YEAR	3. TIME OF DEATH
Steven	W.	Alliso	n	02	17	1992	7:55
4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR IF UNDER	(0.4-	E OF BIRTH th, Day, Year)	_	IPLACE (State or Foreig
200-38-3818	1 □XM 2 □ F	44 YRS.	The Hooks		7-1948		Md
9a. FACILITY NAME (If not institution,	give street end number)	96	CITY, TOWN OR LOCAT	TION OF DEATH	90	COUNTY OF	EATH
2 1 3 0 Park Ave RESIDENCE OF DECEDEN 100. STATE 100. CC	nue		Baltimor	e			
10a. STATE 10b. CO			OWN OR LOCATION				10d. INSIDE CITY
Md Md		Bal	timore			-	LIMITS?
100. STREET AND NUMBER			10f. ZIP CO		10	g. CITIZEN OF	WHAT COUNTRY?
2130 Park Avenue			212	1/		U	SA
100. STREET AND NUMBER 2130 Park Avenue 11. Marital Status 1 Nover Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DECENDENT If yes, specify Cub	OF HISPANIC ORIG	N? (Specify Yes or N Rican, etc.)	lo- 14. RACI Blac	E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TES 2 1 NO	Specify:	evenius.	Spec	My: Black
15. DECEDENT'S	EDUCATION	16a. DECEDENT'S USE		16	L. KIND OF BUSINE	SS/INDUSTRY	DIACK
	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of work tired.)	king			
12th							
Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Las					Middle, Maiden Surn	ame)	
u Chester W	ı II i ams			na Coleman			
P 190. INFORMANT'S NAME (Typo/Print) Lina C. Williams			DRESS (Street and Numb			ete, Zip Code)	
20a, METHOD OF DISPOSITION			ark Avenue (
1XXBuriel 2 □ Cremetion 3 □	Removal from State	ob. PLACE AND DATE OF D emetery, cremetory or other	nlecel	0A		ON — City or To	
4 Donation 5 Office (Specify) 21. SIGNATURE OF PUNERAL SERVICE	E LICENSEE	western St	ar Cemetery 22. NAME AND ADDR	222 ESS OF FACILITY	sz Laton	sville,	riu
I (hut	a Chila.)	March F/H				
23. PART i. Enter the discoses,	a wun		4300 Wab	ash Avenue			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):					
resulting in death) LAST	4.						į
	blace contribution to dest						
PART II. Other algorificant cond	itions contributing to death	put not resulting in th	ne underlying cause	given in Part i.	24a. WAS AN AUTO PERFORMED		WERE AUTOPSY FIND AMAILABLE PRIOR TO
PART II. Other algorificant cond			 		1 (ES 2	NO	OF DEATH?
							1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	IL .		28. PLACE OF	DEATH (Check only o	(ne)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou	utpatient 3 DOA 4	HER: Nursing Home 5 1 F				
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	Y 28b. TIME OF			SCRIBE HOW INJUR	TY OCCURED	
1 Natural 5 Perding 2 Accident investigat	C 101			⊠ No unk	nown		
□ 3 □ Suicide 6 ☑ Could no	building, etc. (50	RY — At home, ferm, stress becify)	t, factory, office		CATION (Street and A		
☐ 4 ☐ Homicide	Found at				to.,MD	IJU PA	rk Avenue
	HYSICIAN: To the best of my kno						
29e. CERTIFFIER (Check only one) 1 CERTIFYING P	MINER: On the basis of exeminat	ion end/or investigation, in	my opinion, death occu	ured at the time, dat	a and place, end du	a to the cause(e	end manner ee state
296. SIGHA URE AND TITLE OF CENT	FIER 1		29c. LiC	CENSE NUMBER	290	J. DATE SIGNED	(Month, Day, Year)
WOUTE	the youl			C.M.E.		02 18	1992
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D						
Margarita A.			in Street	, Balt	imore M	aryla	nd 21201
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG						
FFR 2 4 1902	Ali Kail	12.2.00					



1 - FOR STATE REGISTRAR

ARYLAND B. STREET AND NUMBER BOOS GAR ARITAL STATUS Never Merried 2 Merried (Secily only highest emeritary/Secondary (0-12) 1 OTH THER'S NAME (First, Middle, Late ATHUR LEROY NFORMANT'S NAME (Type/Print) METHOD OF DISPOSITION Suriel 2 Cremetion 3 Donetton 6 Other (Specify) GNATURE OF FUNERAL SERVICE PART I. Enter the diseasea	SEDUCATION SEDUCATION Greated and number) SEDUCATION Grade completed) College (1-4 or 5+) ADAMS Removal from State CELICENSEE	E AGE (In yrs F EVER IN U.S. MYES 2 ARROR DATE WWII 16e. 20b. PLA Cometary LOUI Caused the	I 10c. CITY, BA I 10c. CITY, BA DECEDENT'S U (Give kind of we) WHO DA NOT HE 19b. MAILING A 3205 CE AND DATE OF CORPATION OF GIVE	BAL TOWN OR LC L TIM 13. WAS It yea I Use	WYS HOURS MIN WIN OR LOCATION OF TIME ADCATION COCATION COCAT	PANIC ORIGINAL PROPERTY OF THE	GIN? (Specify to o Ricen, etc.) Sb. KIND OF B ARET A The property of Record of Reco	9c. COUN 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ	-DIST
CIAL SECURITY NUMBER ACTUTY NAME (If not institution, T. ACTIVES BIDENCE OF DECEDEN STATE 10b. CI ARVIADD BITHER'S NAME (First, Middle, Last (Specify only highest STHUR LEROY NETHUR LEROY	S. SEX 1 M 2 F give street and number) HOSPITAL NT OUNTY ALTIMOR 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI SEDUCATION (grade completed) College (1-4 or 5+) ADAMS CE LICENSEE A, or complications that fore. List only one ceus	E AGE (In yrs F EVER IN U.S. MYES 2 ARROR DATE WWII 16e. 20b. PLA Cometary LOUI Caused the	I 10c. CITY, BA I 10c.	BOUNTHS DAY SHOWN OR LC TOWN	PATION OF LOCATION	PANIC ORIGINAL PURPLE PRINCE ORIGINAL PURPLE PRINCE ORIGINAL PURPLE PRINCE ORIGINAL PURPLE PRINCE PURPLE PRINCE PURPLE PU	GIN? (Specify to o Ricen, etc.) Sb. KIND OF B ARET A The property of Record of Reco	9c. COUN 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ 10g. CITIZ	BIRTHPLACE (State Country) MARY 10d. INSIDE LIMITS 1 USS TEN OF WHAT COUNTR USA 14. RACE — American Black Whita to. Special J. JUSTRY —DIST LOR Code) MORE M A Reference of the country of
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STREET AND NUMBER 205 GAR ARITAL STATUS Never Merried 2 Merried 15. DECEDENT'S (Specify only highest emeritary/Secondary (0-12) 1 OTH THER'S NAME (First, Middle, Last RTHUR LEROY NFORMANT'S NAME (Type/Print) METHOD OF DISPOSITION Buriel 2 Cremetion 3 Donetion 6 Other (Specify) GNATURE OF FUNERAL SERVICE PART I. Enter the diseasea ehock, or heart fail EDIATE CAUSE (Final Base or condition	DEN AVE 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI S EDUCATION (grade completed) College (1-4 or 5 +) ADAMS Removal from State CE LICENSEE A, pr complications that faire. List only one ceus	T EVER IN U.S. YES 2 AR OR DATES WWII 16e.	DECEDENT'S U (Give kind of wo life. Do NOT use 19b. MAILING A 3205 (CE AND DATE OF Cremitor of of the	13. WAS If yea I	DECEMBENT OF HIS a, specify Cuban, May YES 2 DNO Spi	PANIC ORIGINAL PURPLE PARICE OF PROPERTY OF PARICE OF PA	o Rican, atc.) 8b. KIND OF B I, Middle, Maide ARET A) Imber, City or R U E E ATE 20c. L -25 B	USINESS/INDU	LIMITS: 1 VES: 2EN OF WHAT COUNT! USA 14. RACE — American Black, White tc. Special USTRY —DIST LOR Code) UORE Alty or Town, State
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ientially list conditiona, y, leading to immediata e. Enter UNDERLYING SE Disease or injury initiated events iting in death) LAST	b. DUE TO (C	UMO,							
Til. Other significent cond	ditions contributing to d			the underly	ying cause given	in Part I.	24s. WAS A PERFO	RMED?	24b. WERE AUTOP: AVAILABLE PF COMPLETION OF DEATH?
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AS CASE REFERRED TO MEDICAL (AMINER?			Te		. PLACE OF DEATH (Check only	one)		
	1 D Inpatient 2 🗆				iome 5 🗆 Residenc	e 6 🗆 Ott	ter (Specify)		
Natural 6 Pending	(Month, Day	NJURY (, Year)		TY YE	WORK?	28d, Di	ESCRIBE HOW	INJURY OCCU	JRED
Suicide 8 Could no	28s. PLACE OF building, at	INJURY — At tc. (Specify)	t home, farm, stre	eet, factory, of	ffice	28t. LO	CATION (Street y or Town, State	and Number or	r Rural Route Number,
ERTIFIER 1 CERTIFYING P	PHYSICIAN: To the best of m	ny knowledge, nmination and/	, death occurred	st the time, d	late and place, and d	us to the c	ause(a) and mi	nner as stated	i. Cause(s) and manner
		/						1	SIGNED (Month, Day Y
Clark	1/ 1/	2000						> 0	13/1/C
	1-3 / 100	min	1					1 2	-12117
ME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE	OF DEATH (TEM 27) (Type, Pr	rint)			-		
ME AND ADDRESS OF PERSON	11				AGNES Ison-Randal	110	50		
	AMINER? YES 2 NO NNER OF DEATH Natural 6 Pending Accident Investiga Suicida 8 Could not determine Certifier 1 Certifying 2 MEDICAL EXA	NNER OF DEATH Netural 6 Pending Investigation Suicide 8 Could not be determined 28s. DATE OF I (Month. Determined) Suicide 8 Could not be determined 28s. PLACE OF building, a determined 2st. PLA	AMINER? YES 2 NO 1 Inpatient 2 ER/Outpettern	AMINER? YES 2 NO 1 Timpetient 2 ER/Outpetient 3 DOA AMINER OF DEATH	AMINER? YES 2 NO	AMINER? YES 2 NO	AMINER? YES 2 TO	AMINER? YES 2 NO	AMINER? YES 2 NO

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	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	Of H	shov
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	R: Afte	er death	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	VERAL DIRECTOR:	be filed within 72 hours after	п 28
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	1 - FOR STATE OF MARYLAND / CE	DEPARTMENT OF HEALTH					
	1. DECEDENT'S NAME (First, Middle, Last) Ronald 5. Adams		2. DATE OF OEATH DAY	3. TIME OF OEATH 92 1938 M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lost to 231 - 48-8127 1 1 1 m 2 = 52	YRS. MONTHS DAYS HOURS	MIN. (Month, Pay, Year) 12/12/39	8. BIRTHPLACE (State or Foreign Country)			
TOR	9a. FACILITY NAME (If not institution, give street and number) St. Joseph Hospital RESIDENCE OF DECEDENT	96. CITY, TOWN OR LOCAT	OWSON	Balto. Co.			
DIRECTOR	MD Bato Nanford	10c. CITY, TOWN OR LOCATION	ton	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	1002 Strombo Dr.		1047	U.S.A.			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. ARM FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS OECENOENT If yes, specify Cub- 1 YES 2 NO	OF HISPANIC ÖRIGIN? (Specify Yea or N. an, Maxican, Puerto Rican, etc.) Specify:	o- 14. RACE - American Indian, Black, White, etc. Specify: White			
COMPLETED	(Specify only highest grade completed) (Give Elementary/Secondary (0-12) College (1-4 or 5 +)	EDENT'S USUAL OCCUPATION Is kind of work done during most of work NOT use retired.)		S/INDUSTRY			
OMP	12 yrs. 4 yrs. Mar 17. Father's name (First, Middle, Last)	nagement 18. Mot	Trucking HER'S NAME (First, Middle, Meiden Surne	ame)			
BE	John Q. Adams 19a. INFORMANT'S NAME (Type/Print) 19b.	MAILING ADDRESS (Street and Numbi	Mary Agnes Drisc or or Rural Route Number, City or Town, Sta				
10	Mrs.Barbara P. Adams 10	002 Stromko Dr.	Fallston, Md.	Md. 21047			
	20a. METHOO OF OISPOSITION 1XI Burlat 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)	F DISPOSITION (Name of cometery, cre on R.C.Church Co	em, 2 2 2 Lor	ng Green, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRE	E.F.Lassa lair Rd.Kingsvi_l	ahn Funeral Home Le, Md. 21087			
CERTIFICATION	if any, leading to immediate	Denductefun Az Heart HENCE OF): MAR MYCHALL	Disease	Approximate interval Between Onset and Deeth			
MEDICAL	PART II. Other algnificent conditions contributing to death but not rea	aulting in the underlying couse	given in Part i. 24a. WAS AN AUTC PERFORMEO 1 YES 2 N	7 AVAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Incident 2 ER/Outpatient 3	OTHER:	DEATH (Check only one)				
	27. MANNER OF DEATH 1 Return: 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJUR	Y OCCURED			
TED BY	2 Accident 3 Suicide 8 Could not be determined City or Town, State) 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 287. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, deat one)						
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER MILLIAM MILLIAM MID	$\overline{\mathbf{D}}$	32106	Z / 17 /9/			
		University	Plany Ba	160, MD 21218			
	FEB 2 4 1992 Suchia Devideon-Aundal	9					

	REGISTRAR JOHN D.A.	STATE OF MARYLAND / cnold, Jr. CE	RTIFICATE C	F DEATH	REG. NO		
		,		Jr.	2. DATE OF DEATH MONTH	2/9 EM	3. TIME OF DEATH
			YRS. MONTHS DAY	S HOUSE MIN		1921 Nort	h Carolina
TOR	Suburban Hospita		Bethe			Montgom	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Montgo	merv	Silver S				10d. INSIDE CITY LIMITS? 17 YES 2 NO
ERAL	10e. STREET AND NUMBER 9842-Hollow Glen			101. ZIP CODE 20910		10g. CITIZEN OF V	WHAT COUNTRY?
BY FUN		2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	O If yes	DECENDENT OF HISPANIC, specify Cuban, Maxican, YES 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No— 14. RACE Black Speci	— American Indian, t, White, etc.
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	ION 16a. DE((Gr College (1-4 or 5 +)	CEDENT'S USUAL OCCUP re kind of work done during Do NOT use retired.)	most of working		SINESS/INDUSTRY	ite
BE COMPL	17. FATHER'S NAME (First, Middle, Last) John D. Arnold, S.		tronics sp	18. MOTHER'S NAME	E (First, Middle, Meiden ell Croom	ent of Na sumeme)	Vý
5	Jeanne Arnold Bake			et and Number or Rural Ro Glen Pl., Si			910
	25e. METHOD OF DISPOSITION 130 Burial 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	I from State 20b. PLACEA cometery, cret MOUNT	ND DATE OF DISPOSITION natory or other place! OLLVET CEM	otery, Feb. 2	DATE 20c. LO 0,1992 Wa	cation — City or To ashington	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN Dailer X.	Belinger	J.Wi	and address of Facilitian Lee's 4th St., NE	Sons Cor	npany Fun	eral Home
CERTIFICATION	IMMEDIATE CALLEE (Final	DUE TO (OR AS A CONSEQUE TO (O	PINCE OF):	thepai	tal he	put	Interval Between Onset and Death
MEDICAL	PART II. Other significant conditions of the significant condition		Len	at fai	PERFORM 1 VES 2 CALL CONTO ONE)		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DIGATY! 1 YES 2 MO
PHYSICIAN:		OSBITAL:		lome 5 - Residence 5		HJURY OCCURED	
B	1 Network 5 Pending 2 Accident Investigation 3 Suitcide 6 Could not be	28e. PLACE OF INJURY — At hor building, etc. (Specify)	M 1	YES 2 NO	81. LOCATION (Street a City or Town, State)	and Number or Rural R	trute Numbec
COMPLETED	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.						
TO BE C(290. SIGNATURE AND TITLE OF CERTIFIER	uselle	reflue	29c, LICENSE NUMB		29d. DATE SIGNED	
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM	27) (Type Print)	MIL) 63	20 - DEMO	OCRACY !	Blvd.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	7-11	0. 01 OK	MES CA,	1111) 20	817

actan,	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
or attending phy	or use as the bur		
ed by the nospital	uld be detached fi		ed at once.
e o may be retain	ector, page 5 short		must be notifi-
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INOU 47 HINDIN DE	completely filled in	al, cremation, or r	event, the me
THEATE DE CACO	ng physician and o	piene prior to buri	other traumatic
DIAL DIE GEALLI CE	ed by the attendir	th and Mental Hy	any Injury, or
saunhai wa auri	ate has been sign	tate Dept. of Heal	tem 23 shows
DING PHISICIAN	: After this certific	Inin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Is marked, or I
SPILAL UN ALIEN	VERAL DIRECTOR	hin 72 hours after	VT: It item 28

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		NT DF HEALTH AND	MENTAL HYGIEN		04000
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF OEATH
	VERNELL	M. AN	DERSON			YE YE	92 4 30P M
	4. SOCIAL SECURITY NUMBER			DER 1 YEAR IF UNDER 24 HRS	. 7. DATE OF BIRTH	8. 1	SIRTHPLACE (State or Foreign
	578-24-7825	1 M 2 X F 71	YRS. MONTH	TY, TOWN OR LOCATION OF	6/1/1920	Sc. COUNTY	outh Carolina
DIRECTOR	PRINCE GEORGE PRINCE OF DECEMENT 10a. STATE 10b. COUNT	GE'S HOSPITAL		CHEVERLY			E GEORGE'S
L DIR	Maryland Prince	e George's	Upper	Marlboro			1 VES 2 NO
FUNERAL	600 Largo Roa	5.c		101. ZIP CODE 207	7.2		of what country? ed States
JNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	S ARMED 1	3. WAS DECENDENT OF HIS			
BY	1 Never Married 2 Married 3 Never Married 4 Divorced	FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	_ X 0	If yes, specify Cuban, Mex 1 YES X NO Spe	ican, Puerto Rican, etc.)	-	RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 18 completed) College (1-4 or 5 +)	a. OECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired	in during most of working	16b. KIND OF BU	SINESS/INDUST	RY
AP.	10th Grade		Retired	Cook	Gover	nment	
Ö	17. FATHER'S NAME (First, Middle, Leel)			16. MOTNER'S	NAME (First, Middle, Maiden	Surname)	
BE (Monroe Martir	1		5	Suzie Wils	son	
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Street and Number or Rur	al Route Number, City or Tow	n, State, Zip God	le)
-	Beatrice Willi	ams	205 Gra	iden St.,	Upper Mar	lboro	, MD.
	METHOD OF DISPOSITION Burial 2 Cremation 3 Ram	oval from State 20b. PL/	ACE AND DATE OF DISP	OSITION (Name of	DATE 20c. LO	CATION — City	or Town, Stata
	4 Donation 5 Other (Specify)	На	rmony Me	morial Par	k 2/18 L	andove	er, Maryland
	21. SIGNATURE OF RUNERAL SERVICEAR	ENSEE		2. NAME AND ADDRESS OF Stewart Ft 001 Bennir	neral Hon		ch DC
CERTIFICATION	immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	a. Carolio DUE TO (OR AS A CO DUE TO (OR AS A CO C. OUE TO (OR AS A CO	NSEQUENCE OF): A G [] U NSEQUENCE OF):	re coma	st		Interval Between Onset and Daeth
4	PART II. Other significant condition Dementia				In Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDIC	_ Spontane	ous Pheup	otherax				YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH	Check only one)	- V	
Sic	EXAMINER?	HOSPITAL:	nt 3 DOA 4 N	ER: ursing Nome 5 - Residence	a 8 Other (Specify)	17	
	27. MANNER OF DEATN 1 Natural 5 Pending Investigation	(Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW I	NJURY OCCURE	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE DF INJURY — building, etc. (Specify)	At home, term, street, to	ectory, office	281. LOCATION (Street a City or Town, State)		ural Route Number,
COMPLETED		CIAN: To the best of my knowledger: On the bests of examination an					use(a) end manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 5-T-8	13		29c. LICENSE N	10MBER 57934	29d. DATE SIG	SNED (Mogth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WN	nd 7500	(ITEM 27) (Type, Print)	ay conta 0	h #430	Greek	bed NO
	FEB 24 1992	32. JEGISTRABIS SIGNATU					

ar Lange II and

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

5.6

10d. INSIDE CITY LIMITS?

1,30 AM

YEAR 12

9c. COUNTY OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BOX 68760,
ВОХ
P.0.
RECORDS,
OF VITAL
DIVISION

Brown 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 215-24-3566 1 M 2 F TYRS. use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH Mercy Medi DIRECTOR Medical Baltimore 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION MD Baltumore Himore FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 600 Roundview 23 21225 24 nours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 MG
IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 1 Never Married 2 Harried BY 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade con Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached for 7th House wife 17. FATHER'S NAME (First, Middle, Last) Holmes Lula notified at Anna BE 19a. INFORMANT'S NAME (Type/Print) 2 dren Road Drown ew 20a METHOD OF DISPOSITION pe 20b. PLACEAND DATE OF DISPOSITION (Nat OATE must director, Burlal 2 Cremation 3 Removal from State 2-2292 en examiner 21. SIGNATURE OF FUNERAL SERVICE THENSES 22. NAME AND-ADDRESS OF FACILITY the funeral March F/H this certificate has been signed by the attending physician and completely filled in by the n with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. medical IMMEDIATE CAUSE (Final other traumatic event, the disease or condition OROMARY

OUE TO (OR AS A CONSEQUENCE OF): within resulting in desth) executed CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL BLEEDING. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Pinpatiant 2 ER/Outpatiant 3 DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Rasidence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO marked. Natural 5 Pending Investigation м THE HOSPITAL OR ATTENDING P THE FUNERAL DIRECTOR: After 1 filed within 72 hours after death BY 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — At home, tarm, atreet, factory, offica building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 3 Suicida 8 Could not be COMPLETED 28 4 Homicide Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated. IMPORTANT: 11 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER DISA AUAI76435 AK 2331 BE 23 2 WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) KOZAM HERCH MEDICIAL 31. DATE FILED (Month, Day, Year)
FEB 2 32. REGISTRAR'S SIGNATURE Julia Savidson-Randell 1992

1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 Specify: 14. RACE — American Indian, Black, White, atc. Specify: Black 16b. KINO OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) Retta 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Uto Md 21225 20c, LOCATION -- City or Town, Stata 4200 Wanash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onaet and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | UNO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH



DHMH-18 Rev 1/89

29d. DATE SIGNEO (Month, Day, Year) 215 92

ממומים ואתרושות אם מרודה ומוומים רם מד		
the medical examiner must be notified at once.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
yval,	se their written 77 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
ne-micrate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR. And the conficate has been signed by the attending physician and completely filled in by	
ter death. Page 6 may be retained by the hospital or attending physician.	10 THE HOSE COST TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	
BALTIMORE, MARYLAND 21215-0020	Colivision of VITAL RECORDS, P.O. BOX 68760,	-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	92	04890

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT O CERTIFICATE (ITAL HYGIENE REG. NO.	92 04890
1. DECEDENT'S NAME (First, Middle, L.		24	2,1	DATE OF DEATH DAY 92	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER / 213-14-4920		76 YRS. In yrs. lest birthday) IF UNDER 1 YR	ANE MOTIOS MIN	MATE OF BIRTH Month, Day, Year) /8/15	8. BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, g Bel Forest Nu RESIDENCE OF DECEDENT	ursing & Reh		Forest Hil		arford
10e. STATE 10b. CO		10c. CITY, TOWN OR L			10d. INSIDE CITY LIMITS? YES 2 \(\text{NO} \) NO
100. STREET AND NUMBER 633 S. Fagle	ey Street		10f. ZIP CODE 21224		J.S.A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4. Divorced	12. WAS DECEDENT EYER IF FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO If ye	B DECENDENT OF HISPANIC O is, specify Cuben, Mexican, Pu YES 2 NO Specify:		14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		16e. DECEDENT'S USUAL OCCU (Give kind of work done durin life. Do NOT use retired.) Sales	PATION ng most of working	Pep Boys	
8 VYS 17. FATHER'S NAME (First, Middle, Last)	bales	18 MOTHER'S NAME /	First, Middle, Maiden Surname	
George		aier	Victor		
19e. INFORMANT'S NAME (Type/Print)	17.3		treet and Number or Rural Route		
Melvin Lang		910 Louis	Lane King	sville,Md.	21087
23. PART I. Enjer tha diseases,	a. CVA	d the dasth, Do not antar the			S.Conkling Approximate interval Between Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS /	A CONSEQUENCE OF): A CONSEQUENCE OF):			
PART II. Other algnificant cond	litions contributing to death I	out not resulting in the unde	rlying cause given in Par	I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 DATO	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:		26_PLACE OF DEATH (Check of		
27. MANNER OF DEATH 1 Netural 8 Pending	1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28		Other (Specify) 1. DESCRIBE HOW INJURY	OCCURED
	28e. PLACE OF INJUR	Y — A1 home, ferm, street, factory	, office 28	LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,
2 Accident investigat 3 Suicide 8 Could no 4 Homicide determine	t be building, etc. (Spe				
3 Suicide 8 Could no determine 29e. CERTIFIER (Check only 1 CERTIFYING F	PHYSICIAN: To the best of my know				stated. o the cause(a) and manner as stated
3 Sulcide 8 Could no determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXA	building, etc. (Speed PHYSICIAN: To the best of my know MINNER: On the bests of examinate L. C. C. C. C. C. C. C. C. C. C. C. C. C.	on end/or investigation, in my opir	lon, death occured at the time	, date and place, and due to	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEOENT'S NAME (First, Middle, Last	' 1					2. DATE	OF DEATH	DAY	YEAR	3. TIME OF OEATH
Frank 4. SOCIAL SECURITY NUMBER	J		BIALE			2	/ 2	2/	92	1:30 A
	5. SEX	6. AGE (In y	s. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH th, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreigy)
216-12-9551 9e. FACILITY NAME (If not institution, give	1 JM 2 F		75 YRS.		11-11		5-17			YLAND
FRANKLIN SQUAF		TAL		96. CITY, TOWN	OR LOCATION OF D	EATH			TY OF D	
RESIDENCE OF DECEDENT	NE HUSFI	IAL						Bait	ımor	e County
10e. STATE 10b. COUN	• •		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
MARYLAND E	BALTO.									LIMITS?
100. STREET AND NUMBER	22711				1. ZIP CODE			10g. CITI	ZEN OF Y	WHAT COUNTRY?
3122 WALLFORD					21222			U	SA	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2	NO NO	13. WAS DEC	CENDENT OF HISPA	NIC ORIGI	N? (Specify Ye	a or No—	14. RACE	- American indian,
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	3	1 TYES	3 2 NO Speci	Hy:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Speci	fy:
15. DECEDENT'S ED	UCATION			USUAL OCCUPATION	ON	Lie	VIND OF BU	1	WHI	I E
(Specify only highest grad Elementary/Secondary (0-12)	(college (1-4 or 5 +		(Give kind of life. Do NOT u	work done during me	ost of working	100	. KIND OF BU	ISINESS/INU	USTRY	
8 YEARS			ROP H	AMMER	OPER.	G	EN L	МΛ	RTI	N.
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	_			V I II	V
JOSEPH BIALEK					BERTH	IA SE	DBUS			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rural			vn. State, Zip	Code)	
MR. RICHARD BI	ALEK		SAME							
30e METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Red	movel from State	20b. PL/	CE AND DATE	OF DISPOSITION (N	ame of	OAT	E 20c. LC	CATION -	City or To	wn, State
4 Donation 5 Other (Specify)	1	51.	STAN	ISLAUS	CEMETE	RY2	-25 B	ALTO	. CI	ITY. MD
STORMATURE OF FUNERAL SERVICE L	ICENSEE				ND ADORESS OF FA		IED AL	11014	_	
the mond &	4	1 .		INAL /I						
23 PART I. Enter the diseases, or ahock, or heart failure iMMEDIATE CAUSE (Final	. Listonly one cau	se on each	a deeth. Do i	2525	FLEET	ST.	BAL T	о мг	7 7	Approximate Interval Betv
anock, or neart range.	a	epsis	a deeth. Do o	2525 not enter the mo	FLEET	ST.	BAL T	о мг	7 7	Approximate Interval Betv
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- 30

FOR

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF MARYLAND	ERTIFICATE OF		MENIAL	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	- J. C	Arter	- JR	2. DATE 6 MONTH 0.2	OF DEATH DAY	1992	
4. SOCIAL SECURITY NUMBER 219-84-0420	5. SEX 6. AGE (In yrs. In	YRS. IF UNDER 1 YEAR DAYS	F UNDER 24 HRS. HOURS MIN.	-	OF BIRTH , Day, Year)	6. 80	RTHPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give			OR LOCATION OF D	EATH	90	COUNTY C	OF DEATH
JOHNS HOPKINS RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			TIMORE			-	
		Ba Ho	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 N
TOO. STREET AND NUMBER 36/2 Park 11. MARITAL STATUS 1 1/2 Name Marital 2 Marital	- Heights Ave	101	2/2/1	_	10	g. CITIZEN C	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 TIF YES, GIVE WAR OR DATES	NO If yea, sp	ENDENT OF HISPA ecity Cuban, Maxic 2 NO Speci	an, Puarto R	? (Specify Yes or files, etc.)	6	NACE — American Indian, Black, White, atc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	e completed) (0	ECEDENT'S USUAL OCCUPATE Give kind of work done during mo e. Do NOT use retired.)		16b.	KIND OF BUSINE	SS/INDUSTR	Y
17. FATHER'S NAME (First, Middle, Last)	Parter .		Ann	1ė	Middle, Malden Surn	te	
10a. INFORMANT'S NAME (Type/Print).	e	36/2 Park	L Heigh	Floute Numb	er, City or Yown, St	Baltz	1, 17
20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Donation 8 Other (Specify)	20b. PLACE cemeters, of	AND DATE OF DISPOSITION (Na ergetory of other place)	Pristure	2-24	94 Bal	for - City o	r Town, Stata
21. SIGNATURE OF FUNDIAL SERVICE LI	Ebron	22. NAME AN	Chila	H U	Vest	1	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE	OUENCE OF):	gund S				
PART II. Other eignificent condition	na contributing to death but not	resulting in the underlying	g cause given in	Part I.	24e. WAS AN AUT PERFORMED 1 VES 2	0?	24b. WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	OTHER:	ACE OF DEATH (C)				
1 X YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ	URY AT		(Specify) CRIBE HOW INJUI	RY OCCURE)
2 Accident Investigation	02/15/1992	M 1 🗆 1	YES 2 NO		BJECT S		
3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — A1 h- building, etc. (Specify)	ome, farm, street, factory, offic	•	281. LOCA City o	TION (Street end h r Town, Stale)	Vumber or Ru	ral Route Number,
(Check only	ICIAN: To the best of my knowledge, d ER: On the basis of axamination and/or						se(a) and manner as stat
29b. SIGNATURE AND TITLE OF CERTIFIE	R 1 11	,	29c. LICENSE NU	MBER	29	d. DATE SIGI	NED (Month, Day, Year)
-///	// / //	/					
0 Nenn	- hay	e mp	O.C.N	1.E.		02/1	5/1992
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)					5/1992 AND 2120

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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D.	death
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TA	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 if
VISION	ATTENDING
	OR
	HOSPITAL
	光
	2

1. DECEDENT'S NAME (First, Middle, Linst) MICHAEL 4. SOCIAL SECURITY NUMBER 220-74-0033	5. SEX 6.	R.		CARTER,S	8804	E OF DEATH DAY	YEAR	. TIME OF DEATN
4. SOCIAL SECURITY NUMBER	5. SEX 6.	R .		CA O THE CA) 1 7	18		
	5. SEX 6.	The second second			_		92	8:48 A
	1 🗆 X M 2 🗆 F	AGE (In yrs. lest birthde) 28 VRS.	MONTHE	YEAR IF UNDER 24 HRS DAYS HOURS MIN.	(Mor	E OF BIRTN oith, Day, Year)	8. BIRTNP Country)	LACE (State or Foreig
9a. FACILITY NAME (If not institution, give st	71	20 ,,,,		OWN OR LOCATION OF		5-5-1963	011111111111111111111111111111111111111	Md
						96. 0	OUNTY OF DEA	NI H
RESIDENCE OF DECEDENT	21 4 12 .		DAL	TIMORE C	TII		_	
and the state of t							1	Od. INSIDE CITY
		Ba	altimore				1	YES 2 NO
				10f. ZIP CODE		10g.	CITIZEN OF WH	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2XXNO	If y	res, specify Cuban, Mex	ican, Puerto		Black,	- American Indian, White, etc. Black
					16	66. KIND OF BUSINESS	/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT	of work done dur use retired.)	ing most of working	1			
17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S	NAME (First,	Middle, Malden Surnam	e)	
				Doroth	y Walk	er		
					e Ba			
1 🖾 Burial 2 🗆 Crumation 3 🗆 Ramo	ovel from Stele	cemetery, crematory of	other place!	THE STATE OF			- City or Town	1, State
	ENGER / A	Arbutus	Memoria			92 Arbutu	ıs, Md	
THE SHARE SERVICE LIC	ENSEE)	22. NA	larch F/H Wes	FACILITY			
Torred	Tura	N				e		
ahock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse	on each line.	5	e mode of dying, su	uch es ca	rdiac or respiratory	arreat,	Approximeta interval Betw Onset and D
	DUE TO (OR	AS A CONSEQUENCE	OF):					
Sequentially list conditiona,	OUE TO (OR	AS A CONSEQUENCE	OF):					
cause. Enter UNDERLYING			,					
that initiated events	DUE TO (OR	AS A CONSEQUENCE	OF):					1
reaulting in deeth) LAST								
PART II Other significant condition	contribution to d	oth hut met availet	In the cont	abda a s	- D	I	1	
- Ingrimonia condition	to det	our par not resulting	, in the unde	mymy cause given i	mrer(I.	PERFORMED?	A	ÆRE AUTOPSY FINDI MAILABLE PRIOR TO OMPLETION OF CAUS
						1 TYES 2 NO		F DEATH?
							1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26 DI ACE DE DEATH	Chank			
EXAMINER?	HOSPITAL:	Moderation & Class	OTHER:					
27. MANNER OF DEATH	26a. DATE OF INJ	URY 28b. T	ME OF 26		_		OCCUBED	
1 Netural 5 Pending	(Month, Day, 1	(bar)	NJURY	WORK?				self
· Vanista	28e. PLACE OF IN	JURY — At home, farm					-	
Nomicide determined	building, etc.	(Specify) HOME						NQUIL A
29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the heat of my	knowledge death con-	read at the st-	, date end place, and de	_			
	R: On the beals of sami	Instion and/or Investigation	ion. In my cole	ion, death occurred at 11	he lime det	a and place, and due to	a the councile's	nd manner or ot-t-
one) 2 MEDICAL EXAMINER	: On the bests of sysmi	Indian and/or investige	tion, in my opin					
	COn the bests of exami	Ination and/or investigat	tion, in my opin	29c. LICENSE N	UMBER	29d. C	DATE SIGNED (A	fonth, Day, Year)
one) 2 MEDICAL EXAMINER	Tall	hud	/FOR		UMBER	29d. C		fonth, Day, Year)
	PESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md 10c. STREET AND NUMBER 5820 JONQUI	10a. STATE Md	10c. CO 10c.	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR Baltimore	106. STATE 106. COUNTY 106. COUNTY 106. CITY, TOWN OR LOCATION 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 107. ZIP CODE 21215 10	194. STATE 196. COUNTY 196. COTTY, TOWN OR LOCATION Mc 197. STREET AND NUMBER 5820 JONQUI AVENUE 12. WAS DECEDENT EVER IN U.S. ARMED 197. STREET AND NUMBER 2 Married 197. STREET AND NUMBER Top State	TIS. STATE 106. STATE 107. STATE 108. COUNTY Md 106. STATE 108. COUNTY Md 108. STATE 108. COUNTY Md 108. STATE 108	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FEB 2 4 1992

DHMH-16 Rev 1/89

burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

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	TEN	TOR	28 is	
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending	TO THE EUNECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 12 hours after death with the State Dept. of reath and wental hyperie prior to buria, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE

2

CAUSE (Disease or injury

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending Investigation

8 Could not be determined

I YES 2 KNO

27. MANNER OF DEATH

1 Natural

2 Accident
3 Suicide

4 Homicide

that initiated events resulting in death) LAST

FOR	CT.	TE OF 14	ADVI AND	DEDAD								92	0489	Ļ.
1 - STATE REGISTRAR		IE UF M	ARYLAND /	DEPAR	ICATE	OF I	DEAT	AND I		GIEN G. NO.	_			
1. DECEDENT'S NAME (First, M									2. DATE OF DE	EATH D	AY.	YEAR	3. TIME OF DEATH	
AMY A.	OAM								2,	2		92	340	A M
4. SOCIAL SECURITY NUMBER		M X XF	6. AGE (In yrs. les	VRS.	IF UNDER 1	YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BH (Month, Day, 12-	OZ-	-19	8. BIRTI Count	HPLACE (State or Foreign) Bermuda	gn L
9a. FACILITY NAME (If not instit	tution, give street and	number)			9b. CITY, T	OWN (OR LOCATI	ON OF DE	EATH		9c. CO	UNTY OF D		_
THE JOHNS		HOSPI	ral		BA	LT	IMORE	Ξ				BALT	IMORE CIT	Y
RESIDENCE OF DECE	DENT Ob. COUNTY			100 CIT	Y. TOWN OR	1.004	TION.							
	Somer	set		100. 011	Ber		2111						10d. INSIDE CITY LIMITS? 1 YES 2X XNO)
10e. STREET AND NUMBER						10	. ZIP CODI	E			10g. Cl	TIZEN OF	WHAT COUNTRY?	
1304 Bobs	s Valle	v Lan	e								E	Berm	uda	
11. MARITAL STATUS	12. WA	S DECEDENT	EVER IN U.S. AR	MED	13. W	S DEC	ENDENT C	F HISPAN	NIC ORIGIN? (Spe	cify Yes	or No-	14. RACI	E - American Indian,	
1 Never Married 2 Ma	arried IF	YES, GIVE WA	YES 2 X	10	If yes, specify Cuban, Mesicen, Puerto Rican, etc.) 1 ☐ YES 2X NO Specify: Black, White, atc. Specify:									
Widowed 4 Divorce	ed .						26.					Spec	Black	
15. DECED (Specify only hi	ENT'S EDUCATION ighest grade complete	od)	18a. DE	CEDENT'S	USUAL OCC	UPATIO	ON st of workin	1/7	16b. KIND	OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0-12	() Colleg	e (1-4 or 5+)			vork done du e retired.)		or or world.	9						
12th			I	ome	stic									
17. FATHER'S NAME (First, Midd	fie, Lest)						18. MOT	HER'S NA	ME (First, Middle,	Maiden	Surneme)			
	Rivers							ary	_					
19. INFORMANT'S NAME (Type C.W. Pearl		oral	Home 198	MAILING	AOORESS (Street a	nd Number	or Rural F	Route Number, City	or Town	n. State. Z	ip Code)	ermuda	
			1101119	120	DOM	CI 3	CU	ING	. / DOM	10, 3			CIMUGG	
20s METHOD OF DISPOSITION 14 LA Surial 2 Cremation	3 Removel from	n State	20b. PLACE	ND DATE C	F DISPOSITI	ON (Na	me of		OATE			- City or To	own, State	
4 Donation 5 Other (S)	pecify)	_	St.	Jam	es C	eme	eter	У		Ве	ermu	ıda		
21. SIGNATURE OF FUNERAL S	BERVICE LICENSEE	. 11			22. NA	ME AP	ID ADDRES	SS OF FAC	CILITY					
Fran	w K	4	w>										orth Ave	<u>-</u>
23. PART I. Enter the disa shock, or hear	ases, or compile rt fallure. List onl	ations that y ona caus	causad the da e on each line	ath Do n	ot enter-th	a mo	da of dyl	ng, aucl	h as cardiac o	r raapi	ratory a	rrest,	Approximate Interval Betw	
IMMEDIATE CAUSE (Final disease or condition		- 1	,				,						Onset and D	eath
reaulting in death)	a	6	OR AS A CONSEC	12-	acc	ha	Hm	110	_				Inic	
		_		9	-	-								
Sequentially list condition	b		Al F										2mark	احما
If any, laading to immedia	ita	-	OR AS A CONSEC):									7
cause. Enter UNDERLYING	3 -	do a	1-1-										30.00	- 1

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. status

28a. DATE OF (NJURY (Month, Day, Year)

DUE TO (OR AS A CONSEQUENCE OF):

24s. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO

Aneurysm

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

21

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 4 - Nursing H e 5 🗆 Realdence 8 🗆 Other (Specify) 28b. TIME OF 26c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

29a. CERTIFIER
(Check only one)

2 MEDICAL FXAMINES: On the best of my knowledge, death occurred at the time, data and piece, end due to the cause(s) end manner as stated.

1 YES 2 NO

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due

Franluz

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) J9694 MO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1992 The Mokers Margher 1992 600 Wolfe 31. DATE FILEO (Month, Dey, Year) FEB 24

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Pages 1, 2, 3 should

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10 THE MUSTIAL ON A LENDING PRISHLAN. THE IBM REQUIRES THAT THE GRAIN CENTICAGE DE EXECUTED WITHIN 24 HOURS ATTEN DESCRIPE TO THE HOSPITAL ON ALL FINANCE DE TOTAL OF THE TOTAL OF THE HOSPITAL TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH FLORUARY 20, 1992 EVELYN CONAWAY IRENE 11:00 A. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 XX 213-30-8475 OCT. 26,1897 MARYLAND 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR WILSON HEALTH CARE CENTER GAITHERSBURG MONTGOMERY RESIDENCE OF DECEDENT 10a STATE 10c CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE CATONSVILLE 1 YES XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 2209 BELLEVIEW ROAD 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried It yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES Specify: I TES ZX NO BY 3 X Wildowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) WILLIAM CAVEY BE ANNE KELBAUGH 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 CHARLOTTE FREY (DAUGHTER) 2209 BELLEVIEW ROAD, CATONSVILLE, MARYLAND 21228 20s. METHOD OF DISPOSITION
1 X Murlel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE GOOD "SHEPHERD CEMETERY 2/22/92 ELLICOTT CITY, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES K. 10. 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Se 20 Cardio vos colon DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in deathj LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:

4 Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, and due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE non -20 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 500 Nas etto 224 1012 mos 2100 was 2218 l'ace De 32. REGISTRAN'S SIGNATURE
Gulia Davidson-Randall 31. DATE FILED (Month, Day, Year)



FEB 2 4 1992

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IMPORTANT If him 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
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	FOR STATE REGISTRAR	STATE OF MARYLA		RICATE OF		MENTAL HYGIENE REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last) COYLE, BRI	AN BRIAN	KEITH	COYLE		2. DATE OF DEATH MONTH DAY	92	1.85 A M
		5. SEX 6. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign nitry) Canada
	9a. FACILITY NAME (If not institution, give stre	eet end number)	10	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	
E	Greater Laurel E	Beltsville Ho	osp	Laure	1		Princ	e George Co
DIRECTOR	RESIDENCE OF DECEDENT		-F				111110	e dearge de
R	10e. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCA	TION			10d, INSIDE CITY LIMITS?
	*	ce Geo Co		Laurel	<u> </u>			1 YES 2 NO
₹	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
剪		reet Apt 2			2070			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISPAN Secify Cuban, Mexican 3 2 NO Specify		Bi	ACE — American Indien, ack, White, etc. ecity: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)			B USUAL OCCUPAT work done during m use retired.)		Rail Ro	ad Work	
BE COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Melden	Surneme)	TITLE
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural F	loute Number, City or Town	n, State, Zip Code)	
2	Lynn Noonan		5436	Jamesto	owne Ct,	Baltimore,	MD 212	29
	20e. METHOD OF DISPOSITION 1	rval from State	PLACE OF DISPO	OSITION (Name of co	metery, crematory or	20c. LO	CATION — City or	Town, Stata
	P. SIGNATURE OF PUMERAL SERVICE LICE	Ronald Wa			ND ADDRESS OF FA	imore ST,	ANATOMY	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE CONSEQUENCE	rent - 1	Helniti	fian		Interval Between Onset end Deeth
	PART II. Other significent condition	a contribution to death b	ut not regulting	In the underly	na causa aluan In	Part I. 24s. WAS AN	ALITOPRY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PARI II. Other agrinicent condition	contributing to death by	ot not resulting	j in the underlyi	ng cause given in	PERFOF 1 YES 2	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	etlant 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	IME OF 28c, II	JURY AT YORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		, street, fectory, of	Ice	281. LOCATION (Street City or Town, State)		ral Floute Number,
COMPLETED	(Check only	CIAN: To the best of my know						se(s) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	ènenns			D139		29d. DATE SIG	NED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH	O COMPRETED CAUSE OF DE	ATH (ITEM 27) (To	pe, Print) 321	PRINCE L	my St he	surd, h	20707
	FEB 24 1992	Jaka Davidson-V				0		

		auline	Davis	son	OF DEAT	MON	75	92	12:04
1	4. SOCIAL SECURITY NUMBER 219-01-5831 9. FACILITY NAME (If not institution, give	1 🗆 M 2 💓 🗲 7.	AGE (in yrs. last birthd	S. MONTHS	YEAR IF UNDER 2	MIN. (Mon	th, Day, Year)	9c. COUNTY OF	THPLACE (State or Foreign Intry)
TOR	Stella Maris Ho					wson			Baltimore
DIRECTOR	10a. STATE 10b. COUNT	Y	10c.	CITY, TOWN OR		ore Cit	у		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 581	4 Waycross hodale Aver	Road		10f. ZIP CODE	21214			d States
BY	11. MARITAL STATUS 1	12. WAS DECEDENT EV FORCES? 1 1	YES 2 NO	H)	NS DECENDENT OF YES, specify Cuben,	Mexicen, Puerto		Bi	MCE — American Indian, ack, White, atc. worldy:
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Give kind	IT'S USUAL OCC I of work done du IT use retired.) Homemak	ring most of working	16	b. KIND OF BUS	BINESS/INDUSTRY	,
ш	17. FATHER'S NAME (First, Middle, Last)	H. Slack	Sr.		18. MOTHE	Lydia		_{sumame)}	
TO B	190. INFORMANT'S NAME (Type/Print) Katherine H. Dav	ison			Street and Number of				d. 21214
	20e. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ref	A PROCESSION	20b. PLACE AND	DATE OF DISPOS	SITION (Name	DA	TE 20c. LO	CATION — City or	Town, Stata
	4 Donation S Other (Specify)		1	22 N/	vard Co.				ner, Md.
- 3	> milton	Milton	J Knight	Jr	onard J				d. 21214
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR	AS A CONSEQUENCE	E OF):	<u> </u>				Onset and De
=		d							24b. WERE AUTOPSY FINDIN
AL C	PART II. Other eignificant condition			mg in the dila			1 TYES 2	ON D	OF DEATH?
MEDICAL C						ATU 601 - 1 - 1		! □ NO	COMPLETION OF CAUS
MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	VOutostient 3 □ DO	OTHER		MINTERNAL E	one)		COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 EP 26e. DATE OF INJ (Month, Dey, 1)	URY 26b	OTHER:		ildence 6 XOtt	one) ner (Specify)	HOSPICE	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 EF	URY 26b	OTHER:	ng Home 5 Res 28c. INJURY AT WORK? 1 YES 2	28d. D	one) ner (Specify) ESCRIBE HOW I	HOSPICE	COMPLETION OF CAUS OF DEATH? 1 VES 2 NO
ETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	1 Inpatient 2 EF	URY 26b iJURY — At home, fs (Specify) knowledge, death oc	OTHER: OA 4 Nursi TIME OF	ing Home 5 Res 26c. INJURY AT WORK? 1 YES 2 Pry, office	NO 28d. D NO 28f. LC	one) Ther (Specify) ESCRIBE HOW I DICATION (Street by or Town, State)	HOSPICE NJURY OCCURED and Number or Ru	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Oral Route Number,
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	28e. DATE OF INJ (Month, Day,) 28e. PLACE OF IN building, etc. SICIAN: To the best of my ER: On the besis of exam	URY 26b iJURY — At home, fs (Specify) knowledge, death oc	OTHER: OA 4 Nursi TIME OF INJURY M Imm, street, factor coursed at the tim	eng Home 5 Res 226c. INJURY AT WORK? 1 YES 2 Pry, office re, date and place, binlon, death occurs 29c. LICE	NO 28d. D NO 28f. LC	one) Ther (Specify) ESCRIBE HOW I DICATION (Street by or Town, State)	HOSPICE NJURY OCCURET and Number or Ru nner se stated. and due to the cau	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Oral Route Number

(M) 4

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

92-0908-510 FOR 1 - STATE BEGISTRAD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE	OF DEATH	REG. N	Ю.		
	1. DECEDENT'S NAME (First, Middle, Lest) Sarah (Sallie)	Do	Knight	(Blai)	۱ م	2. DATE OF DEATH MONTH	DAY YEA	- 1	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 Y		7. DATE OF BIRTH	8, B	2 10:04 IRTNPLACE (State or Fr	
	220-30-0335	1 M 2 N F	57 YRS.	MONTHS D	AYS HOURS MIN.	4-27-1934	C	ountry) Md	
	9a. FACILITY NAME (If not institution, give a	street and number)		96. CITY, TO	WN OR LOCATION OF D		9c. COUNTY (OF DEATN	
6	1600 W. Mt. ROS	val Ave.Apt	1010	Balt	imore				
DIRECTOR	10a. STATE 10b. COUNT			Y, TOWN OR L				10d. INSIDE CITY	
	Md		Ba	ltimore				1 X YES 2	
7	10e. STREET AND NUMBER				10f. ZIP CODE			OF WHAT COUNTRY?	
FUNERAL	1600 Mt Royal Aven	Y		- Inches			USA		
5	1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 X NO	13, WAS	B DECENDENT OF NISPA Ha, specify Cuban, Mexico YES 2 NO Specif	NIC ORIGIN? (Specify ' nn, Puerto Rican, atc.)		RACE — American Indi Black, White, etc.	
B	3 Widowed 4 Divorced	II TES, GIVE WAR ON D.	AIES	_ ''	TES 2// NO Specif	ry:		Blac	
臣	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of t	work done durin	PATION ng most of working	16b, KIND OF E	BUSINESS/INDUSTR	77	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)					
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maid	en Surname)		
BE C	Carlos Hutchins					Mason			
TO B	19a. INFORMANT'S NAME (Type/Print)				treet and Number or Rural)	
-	Sara Hutchins				Avenue Ap				
	20a, METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Deposition 5 Deposition	coval from State 20b	netery cremetory or o	ther place)			LOCATION — City of		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		ST Thomas (22. NAR	ME AND ADDRESS OF FA		andallstow	VII, IMO	
	March F7H West 4300 Wabash Avenue								
	23. PART I. Enter the diseeses, or	complications that ceused Liet only one ceuse on e	the deeth. Do r	not enter the	mode of dying, suc	h as cardiac or res	piratory arrest.	Approxim	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	CONSEQUENCE OF); 	orign				
E	that initiated events resulting in death) LAST	4		,					
2	PART II. Other significant condition	s contributing to death b	sut not resulting	in the under	dulas seus elus la	Oct I Tay was			
EDICAL	ond agrinoun condition		ar not resulting i	trie undel	rynig cause given in	PERF	ORMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF (
						1 □ YES		OF DEATH?	
N.						- Mor	ech-		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF DEATH (Ch	seck only one)			
IYS	1 🔀 YES 2 🗌 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Outp		4 🗀 Nursing	Nome 5 (2) Realdence				
- 4	1 Natural 5 Pending	(Month, Day, Year)	26b. TIM	URY	WORK?	26d. DEŞCRIBE NOV	Y INJURY OCCURE	D	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	— At home, farm, t			201. LOCATION (Street	et and Number or Ru	val Route Number,	
ш	4 Nomicide determined	building, atc. (Spec	элү)			City or Town, Sta	(0)		
1	29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	ICIAN: To the best of my know	ledga, death occurre	d at the time,	data and place, and dua	to the cause(a) and m	nanner as atated.		
COMPLET		R: On the basis of examination						se(a) and menner as a	
ш	296. SANHATURE AND TITLE OF CERTIFIED	R CAL AA			29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)	
0	monte 1	Thill !	M		O.C.M	E	02 1	8 1992	
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type,	Print)					
	Margarita A k	132. REGISTRAR'S SIGN.	111	Penn	Street,	Baltimor	e Mary	land 212	
	FFB 2 4 1992	Julia Davidson							
12									



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OHMH-18 Rev 1/89

FOR

	REGISTRAR BE	ULAH N	MAE DOHERTY	CERTIFIC	CATE O	F DEATH	REG. NO		
	1. DECEDENT'S NAME (First						2. DATE OF OEATH 2	2/21/92	
	BEULAH		DOHERTY				2 2	1 9	3 1304
	4. SOCIAL SECURITY NUMBER 218-30-2926	770	1 🗆 M 2 😿 F	77 YRS.	IF UNDER 1 YEA	B HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 10/20/14		BIRTHPLACE (State or Foreign Country) CAROLINA
TOR	90. FACILITY NAME (If not institution, give street and number) 91. CITY, TOWN OR LOCATION OF DEATH 92. COUNTY OF OEATH ST. AGNES HOSPITAL BALTIMORE								
DIRECTOR	RESIDENCE OF DEC 100. STATE MARYLAND	10b. COUNT			TOWN OR LO				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 16 N.E. CRA		VD.			101. ZIP COOE 20625		U.S.A	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Otvo		12. WAS OECEOENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 X NO	If yes	DECENOENT OF HISPA specify Cuban, Mexico (ES 2 X NO Specific			RACE — American Indian, Black, While, etc. Specify: THITE
COMPLETED		DEOENT'S EOU by highest grad D-12)		18e. OECEOENT'S U (Give kind of wo life. Do NOT use PRAC TIC	rk done during retired.)	most of working	18b. KIND OF BU	SPITAL	TRY
	17. FATHER'S NAME (First, A GEORGE W. T		гт			18. MOTHER'S NA	AME (First, Middle, Melder [A DAY	Surneme)	
TO BE	190. INFORMANT'S NAME (ROY E. HARD		son)				Route Number, City or Tow BALTIMORE,		
	20a METHOO OF OISPOSIT 1 ABurlel 2 Cremeti 4 Donalion 5 Othe	on 3 🗆 Rer	moval from State	CREST LAWN	CEME	cemetery, cremetory or CERY			or Town, State
	21. SIGNATURE OF FUNERA	SERVICE L) ×	Le		ANO APORESS OF F			NERAL HOME LE,MD 21228
CERTIFICATION	shock, or it immediates and immediate cause (Fi disease or condition resulting in death) Sequentially list condition and it any, leading to immediates. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LAS	tiona, odlete ing	OUE TO FOR A	IS A CONSEQUENCE OF)	Ppr es	L monay	En Sali'son'	,	Interval Betwee
MEDICAL	Pt he	hend >	ona contributing to deat	u Colo.	- Lt	of Sens	PERFO 1 - YES	RMEO?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED EXAMINER?	TO MIDICAL	HOSPITAL:		OTHER:	R. PLACE OF OEATH (C	heck only one)		
PHYSICIAN:	1 YES 2 NO		1 Inpatient 2 ER/			Home 5 - Residence	8 Other (Specify)	IN HIGH OCCUR	REO
ВУ Р	1 Natural 5 _ 2 Accident	Pending Investigation	(Month, Day, Ye.		M 1	WORK?	28f. LOCATION (Street		
ETED	4 Homicide	Could not be determined	building, etc. (Specify)			City or Town, State		Total Horizon,
COMPLETED	anal anny		SICIAN: To the best of my k						suse(s) end manner sa stated.
TO BE COMPLE	29b. SIGNATURE AND TITL	13.	Carander	5		29c. LICENSE NU	984	29d. DATE S	IGNED (Morith, Day, Year)
F		PERSON W	VHO COMPLETED CAUSE OF			igns Ane	- 2122	9	
	31. DATE FILEO (Month, Day	; Ybar)	32. REDISTRAR'S S			,		-	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		nsit permit. Pages 1, 2, 3 should	
0, BALTIMORE, MARYLAND 21215-0020	rithin 24 hours after death. Page 6 may be retained by the hospital or attending physician	letely filled in by the funeral director, page 5 should be detached for use as the buriat-tra emation, or removal.	int, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be instained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

3	6	U	4	9

1. DECEDENT'S NAME (First, Middle, Last,		YLAND / DEPAR CERTIFI	CATE O	F DEATH		REG. NO			
					2. DATE MONTH	OF DEATH		EAR 3.	TIME OF DEATH
William	Т.		Denn	is			3. 19		
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	. 7. DATE	OF BIRTH		BIRTHPL/	NCE (State or Foreign
426-28-1222	1 🔀 M 2 🗆 F	72 YRS.	MONTHS DAYS	HOURS MIN.		Day, Year)	1010	Country)	ssippi
9a. FACILITY NAME (If not institution, give	street and number)	12	9b. CITY, TOWN	OR LOCATION OF		24,	9c. COUNTY	Y OF DEAT	RSTANT
328 Ceorge Avenu	10		Essex						
328 George Avent	16		Essex				bart	Lmore	County
10a, STATE 10b. COUN	TY	10c. CITY	, TOWN OR LOC	ATION				100	d. INSIDE CITY
Maryland Balt	imore Count	F.	ssex					11	LIMITS?
10e. STREET AND NUMBER	THE TOTAL			Of. ZIP CODE			10g. CITIZE		T COUNTRY?
328 George Avenu	10			21221				S. A.	
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DI	CENDENT OF HISP	PANIC ORIGIN	7 (Specify Vec			American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1	ES 2 NO	If yes,	specify Cuban, Max S 2 NO Spe	ilcan, Puerlo F	ican, etc.)		Black, W Specify:	White
15. DECEDENT'S ED	UCATION	16e. DECEDENT'S	USUAL OCCUPAT	TION	16h	KIND OF BUS	INESS/INDUS	TOV	willte
(Specify only highest grad Elementary/Secondary (0-t2)	College (1-4 or 5+)	(Give kind of w	ork done during r	nost of working			MILOO/MIDOS	· · · · · ·	
9 Years	Conege (1-4 or 5+)	Compone							
17. FATHER'S NAME (First, Middle, Last)		Carpent	er	10 14071450:0			ction		
Robert	D			18. MOTHER'S	NAME (First, A				
19a. INFORMANT'S NAME (Type/Print)	Denni			Mae		Mee			
	(*** 6)			and Number or Run					
Pauline Dennis	(Wife)			venue Es					
20a. METHOD OF DISPOSITION 1	noval from State	20b. PLACE AND DATE O	F DISPOSITION (Name of	OATE	20c. LO	CATION — City	y or Town,	State
4 Donation 5 Other (Specify)		ardens of	Faith	Cemetery	3/25	1992	Balti	Lmore	, Maryla
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME	ANO ADDRESS OF	FACILITY				
►// /S	Sh	-1	Bruz	dzinski Eastern	Funera	al Hom	e PA	0100	
Sequentially list conditions,	b. OUE TO (OR /	AS A CONSEQUENCE OF		N con	1C1 on	1.			
If sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	C. OUE TO (OR A	AS A CONSEQUENCE OF):						
If sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that Initiated events resulting in daeth) LAST	d			ng ceuse given i	in Pert I.	24a. WAS AN	ALITOPSY	24h WF	RF ALTOPRY ENDING
If sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that Initiated events resulting in daeth) LAST	dna contributing to deet			ng ceuse given i	In Pert I.	24a. WAS AN PERFOR	MED?	AMA	RE AUTOPSY FINDING
If sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	d			ng ceuse given i	In Pert I.		MED?	AMA	
If sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	dna contributing to deet			ng cause given l	In Pert I,	PERFOR	MED?	AMA COI OF	ILABLE PRIOR TO MPLETION OF CAUSE
If sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	dna contributing to deet		the underlyl			PERFOR	MED?	AMA COI OF	ILABLE PRIOR TO MPLETION OF CAUSE OEATH?
If smy, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	dna contributing to deet	h but not resulting in	the underlyl	ng ceuse given i		PERFOR	MED?	AMA COI OF	ILABLE PRIOR TO MPLETION OF CAUSE OEATH?
If smy, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d	th but not resulting in	26. I		Check only one	PERFOR	MED?	AMA COI OF	ILABLE PRIOR TO MPLETION OF CAUSE OEATH?
If sny, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	dna contributing to deet	h but not resulting in	26. I OTHER: 4 Nursing Ho OF 28c. III	PLACE OF DEATH (Check only one	PERFOR 1 YES 2	MED?	AMA COI OF 1	ILABLE PRIOR TO MPLETION OF CAUSE OEATH?
If sny, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d	h but not resulting in	26. OTHER: 4 Nursing Ho RY 28c. W	PLACE OF DEATH (Come 5 Residence	Check only one	PERFOR 1 YES 2	MED?	AMA COI OF 1	ILABLE PRIOR TO MPLETION OF CAUSE OEATH?
If sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in daath) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Netural 5 Panding Investigation 1 1 1 1 1 1 1 1 1	HOSPITAL: 1 Inpetient 2 ER/M 28e. DATE OF INJU 28e. PLACE OF INJU	Dutpatient 3 DOA RY 28b. TIME INJU	26. IN OF 28c. IN MY M 1	PLACE OF DEATH (I	Check only one a 6 Other 28d. DES	PERFOR 1 YES 2 (Specify) CRIBE HOW IN	MED?	AMA COI OF 1	II.ABLE PRIOR TO MPLETION OF CAUSE OEATH? YES 2 NO
If sny, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/N 28e. DATE OF INJU (Month, Day, Ve.)	Dutpatient 3 DOA RY 28b. TIME INJU	26. IN OF 28c. IN MY M 1	PLACE OF DEATH (I	Check only one a 6 Other 28d. DES	PERFOR 1 YES 2 (Specify) CRIBE HOW IN	NO NO	AMA COI OF 1	II.ABLE PRIOR TO MPLETION OF CAUSE OEATH? YES 2 NO
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3. TIME OF DEATH

2. DATE OF DEATH

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

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4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 219-26-6402 1 M 2 F 11 80 2 Md. 1912 burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Scott Key Francis Hospital Baltimore RESIDENCE OF DECEDENT 10e, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Md. Dundalk 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6549 Parnell Ave. 21222 U. S. A. the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced use as the White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working tive. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 5TH Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at John Gorrera Ida BE Mary Cooper 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gordon G. Davis 6549 Parnell Ave. Balto. Md. be 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Moreland Memorial 2/25 Balto, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADORESS OF FACILITY
Connelly Funeral Home of Dundalk the funeral 7110 Sollers Point Road medical 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. filled in by Approximate Intarval Batween 6 n and completely filled to burial, cremation, o IMMEDIATE CAUSE (Finel Onset and Death the disesse or condition Infarction & Sinvaurest, EMD Myocardial executed within reculting in death) event. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Artery Disease traumatic CERTIFICATION Sequentially liet conditions, signed by the attending physician ar Health and Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING 8 CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 6 death any injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? mellitus 1 YES 2 NO OF DEATH? 23 shows cyclocile s certificate has been sith the State Dept. of Hi dois 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL item ; 是 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO PHYSICIAN: 1 | Inpatient 2 | ER/Outpetient 3 | DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, with this 1 Natural 5 Pending investigation After the t YES 2 NO BY 2 Accident OR ATTENDING 28a. PLACE OF INJURY — At home, farm, street, factory, office DIRECTOR: AI hours after de item 28 is i 3 Suicide ETED 281. LOCATION (Street and Number of Rural Route Number, City of Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and piecs, end due to the cause(s) and manner as attend. COMPL TO THE HOSPITAL OF THE FUNERAL DE FIER WITHIN 72 MINIMARY. IT IN HOSPITAL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Eigen MD, Junior Resident rom 42385 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD, Francis Soft Key Med Center, 4940 Eustern Ave, Balt, MD 21224 Eigen FEB 4 1992 Jule Surdion Randelle DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	1. DECEDENT'S NAME (First, Middle,		Dalla	10			i d	EAR 3. TIM	WE OF DEATH										
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유	J. Edward Ca	ahill	2903 1	Harview	Ave.	Balt	imore	, Md.	. 21										
	26 METHOD OF DISPOSITION 1 Burial 2 Cremetion 3	Removal from State	20b. PLACE AND DATE (1	DCATION — CIT												
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į	in a state death. PaySICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	THE ALL WALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	-	IMPORTÂNT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN	E	04903
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
9	LOIS ANN DAVI	5				02 19		8 08PM M
1	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
1	458-56-4507		55 YRS.	UNITE UNITE	MOURS MIN.	09 14	_	exas
or .	9a. FACILITY NAME (If not institution, give	street and number)		Bb. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
<u>0</u>	PRINCE GEORGE	S HOSPITAL CEN	NTER	CH	EVERLY		PRINCE	GEORGES
JEC	10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY LIMITS?
<u></u>		ice George's	I	Landov	er			1 TES 2 NO
3AL	10e. STREET AND NUMBER			101	ZIP CODE			WHAT COUNTRY?
NE	3531 Edwards				20785			d States
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		IC ORIGIN? (Specify Year, Puerto Rican, etc.)	Blac	E — American Indian, ik, White, etc. ack
ED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S U	SUAL OCCUPATION	N	16b. KIND OF BU	SINESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use					
COMPL		3 Years	Operat	or Ana	alyst	Gov	ernment	
္ပ	17. FATHER'S NAME (First, Middle, Last) Frederick M	di I basan				ME (First, Middle, Melden		
BE	196. INFORMANT'S NAME (Type/Print)	ILLDUIN				ictoria		t
2	Cheatham Davi	s. Jr.				Landove	,	land
	20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF	DISPOSITION /Na	me of	DATE 20c.LO	CATION - City or T	own State
	Donation 5 Other (Specify)	moval from State	dery, crematory or other	tion (Cemeter	y 2/24 C	linton,	Maryland
	21. SIONATU TO FUNERAL SORNICE L	ICENSEE		22. NAME AN	D ADDRESS OF FAC	eral Hom		-
	D Appm	6 Juliont	TIT			g Rd., N		h D C
HILICATION	immediate CAUSE (Final disease or condition resulting in deeth) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. Chill DUE TO (OR AS A C. HIV	CONSEQUENCE OF):	rm 4.3				Interval Between Onset and Dasth 7 Days (ountre)
3	DARK II Oak - stantiland - date	G						
PHYSICIAN: MEDICAL	PART II. Other significant condition		it not resulting in		csuse given in i	Part i. 24s. WAS AN PERFOF	AMED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck only one)		
S	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe		OTHER:	5 - Residence	6 Other (Specify)		
BY PHY	27. MANNER OF DEATH Natural 5 Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUS	WO WO		28d. DESCRIBE HOW I	NJURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, stc. (Specif	— Al home, farm, stri (y)	eet, factory, office		261. LOCATION (Street City or Town, Stete)		Route Number,
COMPLEIED		SICIAN: To the best of my knowle IER: On the basis of examination						e) and manner ee stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Jeur			29c. LICENSE NUM	BER	29d. DATE SIGNED	Month, Day, Year)
	30, NAME AND ADDRESS OF PERSON W		TH (ITEM 27) (Type, P		2 PKus	gleen	heet,	m) 2770
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGNA	TURE			1	-	
	FEB 24 1992	Junio santinger						

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2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, I	4
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JOHN EDWARD DONOVAN 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year) 6-29-1904 36 7816 1 M 2 F YRS. 9a. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is PEACEFUL RESIDENCE OF ACRES HENDERSON MARYLAND 10c. CITY, TOWN OR LOCATION CAROLINE COUNTY HENDERSON FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE PEACEFUL ACRES PO Box 32 21640 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 M Merried BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) PHYSICAL CHEMIST ATOMIC ENERGY once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surr. To DENNIS DONOVAN BE MARY HART notified 190. INFORMANT'S NAME (Type/Print)
Constance Donovan WIFE
MRS K. DONOVAN-SCIILLY 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
6051 Keystone Street, Philadelphia PA 19135
FACEFUL ACRES POBOX 52, HENDERSON, MD 21640 PEACEFUL pe 20a. METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from Stafe 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 4 Donation 5 Uniter (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE RONALD WADE, DIR medical examiner 22. NAME AND ADDRESS OF FACILITSTATE ANATOMY BOARD funeral death. 655 W.BALTIMORE ST, BALTO, MD 21201 2/14/92 n by the f within 24 nours after 23. ART I. Enter the disasses, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, completely filled in by ehock, or heert fallure. List only one ceuse on each line. 6 IMMEDIATE CAUSE (Finel the prior to burial, cremation, disease or condition Heart ongestive resulting in death) traumatic event, OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING attending physician CAUSE (Disease or Injury the attending physical displayed the transfer of Mental Hygiene p or other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY this certificate has been signed by with the State Dept. of Health and 23 shows any CAD 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 28. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Nome 5 Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? marked, 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO After t 2 Accident
3 Suicide 26s. PLACE OF INJURY — At home, ferm, streat, factory, office building, atc. (Specify) .00 COMPLETED 8 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Nomicide 28 item 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL COMPANIENT TO THE FUNERAL COMPANIENT IN IN 2 MEDICAL EXAMINER: On the basis of examin ition and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER st 33290 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROBINSON LAPPIN 920 MARKET ST. DENTON. MD 21629 July Day don Mandell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3. TIME OF DEATH 11:00 8. BIRTHPLACE (State or Foreign MASS 9c. COUNTY OF DEATH CAROLINE COUNTY 10d. INSIDE CITY 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: WHITE 20c. LOCATION — City or Town, Stata Approximata Intarval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 2/18/12

with the

3. TIME OF DEATH

10:30

1991

REG. NO. 2. DATE OF OEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.C	The second secon
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February 17 A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 9-19-1908 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Pennsylvania 160-03-2435 1 M 2 V F 83 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Calvert Manor Nursing Center Rising Sun Cecil RESIDENCE OF DECEDENT 10a. STATE permit. Pages 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Cecil Rising Sun 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 1881 Telegraph Rd. 29111 U.S.A. or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY Specify: the 3 Widowed 4 Divorced White use as COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi College (1-4 or 5+) Ď Elementary/Secondary (0-12) after death. Page 6 may be retained by the hospital Secretary detached Labor Union 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) should be notified at George K. Myers Annie McClelland 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 Elizabeth Scott 2003 Kings Row Rd., Oxford, PA. 19363 pe 20s. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must director, Asbury Methodist Cemetery 2-21 Cinnaminnson, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral ROBERT C. ALTENBURG FUNERAL HOME, INC. bilications that ceuead the death. Do not enter the mode of dying, such ea cardiec or respiratory arrest, the 21214 medical 23. PART I. Enter the diseasee, or complications that ceuead the dea ahock, or heert failure, that only one cause on each line. filled in by Approximete 24 nours Interval Batween IMMEDIATE CAUSE (Final Onset and Death the signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, disease or condition Iweek neumonia resulting in death) traumatic event, TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2 weeks CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING other 1 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 0 injury, PART II. Other eignificant conditione contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS shows any Jailure AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1 NO 1 TYES 2 NO has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h Item EXAMINER? OTHER 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 X Nursing H ne 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation TO THE HOSPITAL OR ATTENDING P TO THE FUNERAL DIRECTOR: After to be filed within 72 hours after death v BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 60 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Homicide item CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 2-18-1992 238 0 2 E OF DEATH (ITEM 27) (Type, Print) Faye Doyle MD 215 E. Mt. Vernon St., Oxford, PA. 19363 hie Davidson- Mandall DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DuBELL

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	IMENT OF H	IEALTH AND I		E	04906
	1. OECEDENT'S NAME (First, Middle, Last)	PANSY	ARISPA	EYLÆR	DEATH		AY YEA	
	4. SOCIAL SECURITY NUMBER 2 212-34- 7048	5. SEX 6. AGE (A	in yrs. (ast birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (MONEY, Day, Year) MAR 04 1	0	INTERPLACE (State or Foreign outling): IARYLAND
TOR	98. FACILITY NAME (If not institution, give stress ST. AGNES HOSPIT			BALTIM	ORE ORE		9c. COUNTY (
DIRECTOR	100. STATE 10b. COUNTY MARYLAND		-	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO}\) NO
FUNERAL	100. STREET AND PURPLE RO. 4611 COLEHERNE RO.				2122	I .	USA	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	13. WAS DEC	ENDENT OF HISPAN ecify Cuben, Mexice 2 XNO Specify	IIC ORIGIN? (Specify Yee n, Puarto Rican, atc.)		RACE — American Indien, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+) 1 YR.	180. DECEDENT'S U (Give kind of wo lite. Do NOT use MARKER			w		
BE COM	17. FATNER'S NAME (First, Middle, Last) ELMER S	HAW	PIARKER	RETAIL 18. MOTNER'S NAME (First, Middle, Maiden Surname) BETTIE VIRGINIA WEEDON				
TO E	190. INFORMANT'S NAME (Type/Print) BETTIE CATHERINE	SICKLE	19b. MAILING /	WESTCHE	STER AVE	BALTIMOR	n, State, Zip Code E , MD	21228
	20b. PLACE AND DATE OF DISPOSITION 1 M Buriet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20c. LOCATION — C							
	21. SIGNATURE OF TRINETIAL SERVICE LICE	mit)	HUBBAI			NC.	
	23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Finel	mplications that caused ist only one cause on ea	the deeth. Do no	enter the mo	de of dylng, auci	as cardiac or reapi	ratory erreet,	Approximate interval Between Onset and Death
	disease or condition resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF	on fa	lure.			1 day.
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	Sep	S/S.					9 day.
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in daeth) LAST	consequence on	fitula	Ceak Takeo	lown		10 days	
MEDICAL C	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. Gall Stane Class 246. WERE AUTOPSY FINITION OF CAMPLE TO OF DEATH?						24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AN: M	Division of Portal Vign, Hopatic Hitery, and Common 1 yes 2 no Bile Duct.							
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	5 Rasidence			
ву РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED)
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, ferm, str	eet, factory, office		281. LOCATION (Street e City or Town, State)	nd Number or Ru	ral Route Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICI (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowle	edge, death occurred	at the time, date in my opinion, de	end place, end due	to the cause(s) end man	ner es stated.	se(s) and manner es stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED	In MD			29c. LICENSE NUM			NED (Month, Day, Year)
-	30 MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, P	rint)			-	1/0.

1992 Juna Haydson-Rondall

31. DATE FILED (Month, Day, Year)
FEB 84

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 involved and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	92-0873-031					0.0	01.005
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND	MENTAL HYGIEN REG. NO	E	04907
1	1. DECEDENT'S NAME (First, Middle, Lest)		JEIIIII IOAI	L OI DEAIN	2. DATE OF DEATH		3. TIME OF DEATN
	PAUL	W.	F	CNGLER	02 14	1992	3:20 p M
	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE (In yrs.	"	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	ITNPLACE (State or Foreign
	361-16-9541	XXM 2 □ F 65	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 03-17-26		cesha. WI
	9e. FACILITY NAME (If not institution, give stree		9b, CIT	Y, TOWN OR LOCATION OF D		9c. COUNTY OF	
DIRECTOR	INTERSECTION PATERIESIDENCE OF DECEMENT	RTNERSHIP &	SUGAR I	ANE ROAD	POOLESVI	LLE M	ONTGOMERY
RE	10e. STATE 10b. COUNTY		10c. CITY, TOWN	Access to the second			10d. INSIDE CITY LIMITS?
0		fax Co.	Falls	Church			1 TYES MY NO
RA	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
NE	3021 Pine Spring R	oad		22042		U.S.	Α.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 [IF YES, GIVE WAR OR DATES		I. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specify	an, Puerto Rican, etc.)	B4 Sp	ACE — American Indian, ack, White, etc.
	15. DECEDENT'S EDUCAT	TION 1460	DECEDENT'S USUAL	OCCUPATION	40, 1700 05 00		nite
COMPLETED	(Specify only highest grade cor	mpleted)		during most of working	166, KIND OF BUS	SINESS/INDUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Elect. E	naineer	Cinco	r Link	
MO	17, FATHER'S NAME (First, Middle, Last)	4	Elect. E		ME (First, Middle, Maiden		
	Week E Easter					Somerney	
BE.	Heigh F. Engler 190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	SS (Street end Number or Rural	<u>le Gericke</u> Boute Number City or Tow	n State Zin Code)	
2	Carvl D. Engler	and the second		ne Spring Ro		To the state of th	
	20a. METNOD OF DISPOSITION	20b. PLAC	E AND DATE OF DISPO			CATION — City or	Town, State
	1 Donation 5 Other (Specify)	I from State cemetery.	cremetory or other place k Lake Ce		2/22/92ak		
	2 SIGNATURE OF FUNERAL SERVICE LICEN	SEE ///	22	. NAME AND ADDRESS OF FA	CILITY Murnhy	Funeral	Home
Į.	V D	7//-		102 W. Broad			
	James /	71-00					VA 22040
	23. PART I. Enter the diseases, or con shock, or heert fellure. Lie	npricetions thet caused the et only one cause on each li	death. Do not ente ine.	er the mode of dying, suc	h es cardiec or respi	iratory srrest,	Approximate interval Between
	iMMEDIATE CAUSE (Fine) disesse or condition	1. 1		10175			Onset and Desth
	resulting in deeth) a	MULTIPLE DUE TO (OR AS A CONS	NUM	KIES			
- 0		DUE TO (OR AS A CONS	SECUENCE OF):				
TIFICATION	Sequentially list conditions,	DUE TO (OR AS A CON)	SEQUENCE OF:				
F	DUE TO (OR AS A CONSEQUENCE OF):						
윤	CAUSE (Disease or injury c thet initiated events	DUE TO (OR AS A CONS	BEOUENCE OF):				1
	resulting in death) LAST						1
B	d						
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	contributing to deeth but no	t resulting in the u	inderlying ceuse given in	Part i. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8					190 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
ME							1 TES 2 NO
ż							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	L OTHER	26. PLACE OF DEATH (C)	eck only one)		
YSI		☐ Inpatient 2 ☐ ER/Outpatient	3 DOA 4 N	:H: ursing Home 5 - Residence	6 X Other (Specify)	PUBLIC	ROADWAY
PH	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED	
BY	1 Nstural 5 Pending Accident Investigation	02/14/1992	3:15p™	1 TES 2 NO	DRIVER I	N AUTO	/VAN IMPACT
	3 Suicide 8 Could not be	3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, st building, etc. (Specify)			PAYR PAR BORN	THE PARTY OF THE P	THE PANDOOR F. A NIT
ETE	4 Homicide determined		PUBLIC F	ROADWAY		POOLES	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIA	iN: To the best of my knowledge,	death occurred at the	tima, date end place, end due	to the cause(e) end mer	nner ee stated, M	ARYLAND
OM		On the basis of exemination end/					
	290 SIGNATURE AND TITLE OF CERTIFIER	00 (1	29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)
BE (My to y	All - A	M	0.C.M			16/1992
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CALLES OF DEATH IS		1 0.0.F	ш .	02/	10/1772

25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	neck only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nur			PUBLIC	ROADWAY
27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	86. TIME OF INJURY 3: 15p M	28c. INJURY AT WORK? 1 YES 2 NO		IN AUTO)/VAN IMPAC
3 Suicide 8 Could not be determined	building, etc. (Specify)	26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) PUBLIC ROADWAY		PARTNE ROADS		SUGAR LAN
4 Homicide determined	building, etc. (Specify)			X 0-10 0 0 0 0 0		

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PLETED CAUSE OF DEATN (ITEM 27) Type, Print)

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MARIO 31. DATE FILED (MARIN, Day, Year)
FEB 2 4 1992 32. REGISTRAR'S SIGNATURE

PENN STREET BALTIMORE, MARYLAND Julia Savidson-Rando 12

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AL DIRECTOR.	72 hours after even with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is maked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAI CERTIF		HEALTH AND	MENTA	REG. NO.	E	
		A. EVER			2	02			
	4. SOCIAL SECURITY NUMBER 141-18-2213	1 🔀 M 2 🗆 F	AGE (In yrs. lest birthdey) 97 YRS.	MONTHS DAY	S HOURS MIN.	01	OF BIRTH h, Day, Year)	95	BIRTHPLACE (State or Foreign Country) MISSOURI
TOR	99. FACILITY NAME (# not institution, give s 802 OAKWOOD RO RESIDENCE OF DECEDENT				GLEN BUR			9c. COUNTY	NNE ARUNDEL
DIRECTOR	IGA. STATE 10b. COUNTY	NE ARUNDE		TY, TOWN OR LO	CATION LEN BURN	ΊE			10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	106. STREET AND NUMBER 802 OAKWOOD RO	DAD			101. ZIP CODE 21061				S.A.
à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 X IF YES, GIVE WAR WW	VER IN U.S. ARMED YES 2 NO OR DATES	If yes	DECENDENT OF HISPA , specify Cuben, Mexic YES 2 NO Speci	an, Puerto		or No- 14.	. RACE — American Indian, Black, White, stc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during use retired.)	ATION most of working	161	. KIND OF BUS		
OMP	17. FATHER'S NAME (First, Middle, Last)				SMAN TRUCK MANUFACTURING 18. MOTHER'S NAME (First, Middle, Melden Surneme)				
BE	ROBERT EV 19a. INFORMANT'S NAME (Type/Print)	ERITT	19b. MAILIN	G ADDRESS (Str	MAR		ARMST		ode)
٩	JAMES EVERITT 802 OAKWOOD ROAD-GLEN BURNIE, MD. 21061						21061		
	20e METHOD OF DISPOSITION 1. Burlel 2 Cremetton 3 Hem 4 Donation 8 Dispositionary	113	SAINT	BERNAF	DS				SVILLE, N.J.
	Day	J. Ko	ufman	RAY		FINE			HOME 21061 URNIE,MD.
	23. PART I. Enter the diseases, at a shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)	e. Cuy	do rul	mona		ich aa can	1	ratory arres	t, Approximate Interval Between Onset and Death
NO	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST								
AL CE	PART II. Other algnificant condition	d	ath but not resulting	In the under	lying cause given i	n Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA							PERFOR		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO N/A
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	8. PLACE OF DEATH (C				
PHY	27. MANNER OF DEATH 1 X Netural 8 Pending	28a. DATE OF IN. (Month, Day,	JURY 28b. TI	ME OF 280	INJURY AT WORK?	7	SCRISE HOW I	NJURY OCCUI	RED
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)					CATION (Street or Town, State)		Rural Route Number,
COMPLETED	anal	ICIAN: To the best of my							couse(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	_	2.0	- 19	29c. LICENSE N		1		HIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI		OF DEATH (ITEM 27) (Typ. 2323 ORL		STREET-B	АІЛТ	MORE	MD 3	21224
	31. DATE FILED (Month, Day, Year) FFR 24 1992	32, REGISTRAR'S							

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_	TO THE HOSEITH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FINANCE LIRECTOR: After this certificate has been signed by the attending physician and completely	be filed with a mours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremati	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, it
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	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	FRY FRANKL	IN	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH	-
	4. SOCIAL SECURITY NUMBER 213-12-4319	5. SEX 6. AGE (In yrs. lest birthday) F	MOER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	BIRTHPLACE (State or Form Country) S A	
LOR	98. FACILITY NAME (If not institution, give st. HARBOR HO	SPITAL CENTRE (SALTIMO F	ATH	BALTIMORE CI	Ty
DIRECTOR	10e. STATE 10b. COUNTY	10c, C(TY, TO	WN OR LOCATION		10d. INSIDE CITY	
FUNERAL (100. STREET AND NUMBER	alea atant	10f. ZIP CODE		1) YES 2 NOTICE NOT WHAT COUNTRY?	0
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OCCEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES	13. WAS DECENOENT OF HISPANI If yes, specify Cuban, Mexican	, Puerto Rican, etc.)	Black, White, etc.	,
TED BY	15. DECEDENT'S EDUC	CATION 18a. DECEDENT'S USU.	1 YES 2 NO Specify: AL OCCUPATION fone during most of working	16b, KIND OF BUSIN	Specify: White	_
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) life. Do NOT use reti	Snown			
BE CO	17. FATHER'S NAME (First, Middle, Last)	un		NE (First, Middle, Meiden Su	mame)) W A	
10	Althea Reyno	olds Nursing # 611 9	Charles S	t. Beite	State, Zip Code) MD 21230	
	20a, METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Remo Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	Mt Zien	Cemetery	2/21 Bolt	TION City or Town, State	
	- The state of the	Quin Carroll	1712-14 W	North 1	al Home Ave	
	IMMEDIATE CAUSE (Finel	omplicatione that caused the deeth. Do not east only one cause on each line.		as cardiec or reapiral	lory arrest, Approximate Interval Batt Onset and D	ween
	disease or condition resulting in deeth)	Sephe She She Spue to (OR AS A CONSEQUENCE OF):	ock		2 de	ay
ATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):			9 00	#
CERTIFICATION	CAUSE (Disease or injury thet initiated evente resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE OF):				\dashv
	PART II. Other aignificant conditions	s contributing to deeth but not resulting in the	e underlying cause given in F	Part I. 24s. WAS AN AU	TOPSY 24b. WERE AUTOPSY FIND	
MEDIC	Senile	Dementia	h ·	1 YES 2	COMMITTION OF ONL	ISE
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOS/ITAL:	26. PLACE OF OEATH (Chec	ck only one)		
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending		Nursing Home 5 Rasidenca 6 28c. INJURY AT WORK?	Other (Specify) 28d. OEŞCRIBE HOW INJU	JRY OCCURED	\dashv
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At home, farm, street, building, atc. (Specify)	1 YES 2 NO	261. LOCATION (Street and City or Town, State)	Number or Rural Route Number,	\dashv
COMPLETED	29a. CERTIFIER (Check only one)	NAN: To the beat of my knowledge, death occurred at	he time, date and place, and due to	o the cause(a) and manner	r as stated.	\dashv
BE CO	29 SIGNATURE AND TITLE OF CERTIFIER	t: On the beals of examination and/or investigation, in	29c. LICENSE NUME		ue to the cause(a) and manner as state 9d. DATE SIGNED (Month, Day, Year)	id.
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) UNFER. 3001 S	HANGUED	CIDER	= 112193	-
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	THINOVER	SIKLE	יו וווט אואט	0
	FEB 2 4 1992	Julia Davidson-Randelle				

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BALTIMORE, MARYLAND 21215-0020	juires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-trains. Health and Mental Hygiene prior to bunal, cremation, or removal.
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ECORDS, P.O. BOX 68760,	juires that the death certificate be executed within	i signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal.

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OR ATTENDING PHYSICIAN: The law

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Cory Fields 2-19-92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 3-12-66 DAYS HOURS 1 X XII 2 | F 218-88-0572 25 YRS. Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 2514 Barclay Street Baltimore, Md. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore, City Md. 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2514 Barclay Street U.S.A. 21218 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: 1 X Yever Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY y/Secondary (0-12) College (1-4 or 5+) Disabled 12th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Simms Shirley Fields Joseph BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 345 E. 29th St./ Baltimore, Md. 21218 Linda Fields 20a. METHOD OF DISPOSITION
1 M Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Woodlawn Cemetery 4 Donation 5 Other (Specify) Woodlawn, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wm.C. March F/H 1101 E. North Ave. inel 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each lina. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition RESPIRATORY FAILURE
DUE TO (OR AS A CONSEQUENCE OF): 1 DAY resulting in death) PULMONARY 3 110 CERTIFICATION Sequentially list conditions, Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events BRONCHIOLITIS 6 mo OBLITERANS DUE TO (OR AS A CONSEQUENCE OF): resulting in dasth) LAST RETROVIRAL INFECTION 5 YR PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 Residence 8 | Other (Specify) 1 Dipatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident
3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide 29a. CERTIFIER
1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piacs, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER
D 3 7 16 8 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) Marson 21211 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHAISSON 1830 E MONUMENT ST, RM 7400 MO BALTMO ZDOS 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Lulia Varidon-Randall

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DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
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ched for use as the

92 04911 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 20 8:00 A MONTH 2 ALESE FOOTE 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH; (Month/Day, Year) 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAY8 HOURS 1 M 2 X F 81 214-02-9476 10 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8811 Sonya Rd. Baltimore, Md RESIDENCE OF DECEDENT 10m. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore, City YES 2 NO Md 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? U.S.A 8811 Sonya Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puarto Ricen, sic.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: 3 X Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Unemployed 7th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) Taylor Lagretta John Bayton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21239 6216 Falkirk Rd. / Baltimore, Md. Donald В. Foote 20a METHOD OF DISPOSITION

**Description | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Metho 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State Arbutus Md. Arbutus, □ Donation 5 □ Other (Specify) Memorial Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F.H. East 1101 E. North Ave 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata shock, or heart fallure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final Hypertensive cardiorenaler desense disease or condition 10-20 W resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 20 m MIERTEN Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate 204

CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSCOUENCE OF): d. TARDIVE DYSKINESIA	5-10 yrs					
PART II. Other significent condition	e contributing to death but not resulting in the underlying cause give	ven in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
5. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Check only one)						
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify)						

28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED Netural 8 Pending Investiga 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At homa, farm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide determined

29a. CERTIFIER
(Check only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as steted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the ceuse(a) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year,

T	James (9/4	termen	(my	
NAME AND A	DDRESS OF PER	SON WHO COM	PLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print)	_

BRADDISH 32. REGISTRAR'S SIGNAL

DHMH-18 Rev 1/89

BAZTO, 2121

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	I. DEGEDENT S TEAME (1 #31, MICOID, LE	RAR CERTIFICATE OF DEATH S NAME (First, Middle, Last)					REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH				
	ALBERT	A. +11	A. FINNERTY			MONTH DAY	9>YE	4 1 24 B			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Fore			
	DI 8 306960 9a. FACILITY NAME (If not institution, gi		56 YRS.			04/07/3		Md.			
5	CHURCH HOSPI				OR LOCATION OF DE		9c. COUNTY (OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY										
DIR	MD			ore City	7	10d. INSIDE CITY LIMITS? XXYES 2 \(\text{\text{\text{N}}} \) NO					
FUNERAL	10e. STREET AND NUMBER				OI. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
RE	532 S. COI	nkling St.		212		USA					
	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR (If yes, st	pecify Cuban, Maxica	IIC DRIGIN? (Specify Yes on, Puerto Rican, atc.)	rto Rican, atc.) Black, Whita, atc.					
D 8Y	3 Widowed 4 Divorced		1 U YES	S 2 NO Specify		White					
ETED	15. DECEOENT'S E (Specify only highest gr Elementary/Secondary (0-12)	ade completed)	18a. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during me	ION ost of working	16b. KIND OF BUSIN	NESS/INDUSTR	TY .			
COMPLET	7 th	College (1-4 or S+)	Labo			Bethle	nem S	teel			
5	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden Su					
SE SE	Gerald Fint 19a. INFORMANT'S NAME (Type/Print)	nerty			Marie						
임	John Finner	ctv				Dundalk,					
	20a, METHOO OF DISPOSITION 1 Burial 2 Cremation 3 R	200	b. PLACE AND DATE O	F DISPOSITION (Na	ame of		TIDN — City o				
	4 □ Donation S □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		St. crenstan				Ltimo	re, Md			
	C. 0+	73		Conn	nd appress of facility Bu	meral Hon	ne of	Dundalk			
-	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between abook, or heart feliure. List only one ceuse on each line.										
	IMMEDIATE CAUSE (Finel			ot enter the mo	ode of dying, auci	aa cerdiac or respirat	tory arrest,	Approximat interval Bet			
TION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS	d the death. Do not bech line. A DMM A CONSEDUENCE OF)	FA U	ode of dying, auci	as cerdiac or respirat	tory arrest,	Approxima interval Be			
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	B. DUE TO (DR AS A OUE TO (OR AS A C.	A CONSEDUENCE OF	FA U	ode of dying, auci	aa cerdiac or respirat	tory arrest,	Approximat interval Bet			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OUE TO (DR AS /	A CONSEDUENCE OF) A CONSEDUENCE DF)	FA U	ede of dying, such	n aa cerdiac or respirat	tory arrest,	Approximatinterval Bell Onset and			
: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO (DR AS /	A CONSEDUENCE OF) A CONSEDUENCE DF)	FA U	ede of dying, such	n aa cerdiac or respira	tory arrest,	Approximatinterval Bet Onset and Ons			
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: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	b. OUE TO (DR AS /	A CONSEDUENCE OF) A CONSEQUENCE DF) Dut not resulting in	the underlying	g ceuse given in	Part I. 24e. WAS AN AU PERFORME 1 YES 2 (1)	tory arrest,	Approximatinterval Bet Onset and Ons			
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ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are all the conditions of the conditions	DUE TO (DR AS A DUE TO (DR AS	A CONSEQUENCE OF) A CONSEQUENCE DF) A CONSEQUENCE DF) Dut not resulting in 28b. TIME INJU 7 — At homs, farm, atroffy)	the underlying the underlying the underlying the underlying 28, Pt Wu number of N	g ceuse given in	Part I. 24s. WAS AN AU PERFORME 1 YES 2 (1) ck only one) 5 Other (Specify) 28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State)	TTOPSY DED?	Approximatinterval Be Onset and Onse			
OMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiltrated events reaulting in death) LAST PART II. Other significent conditions in death and investigations. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NAO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation investigation death and investigati	DUE TO (DR AS / DUE TO (DR AS / OUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE DF) A CONSEQUENCE DF) Dut not resulting in 28b. TIME INJU At home, farm, atroffy)	the underlying the underlying the underlying the underlying 28, Pt OTHER: Underlying Hom OF 28c, this WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g ceuse given in lace of dying, such	Part I. 24a. WAS AN AU PERFORME 1 YES 2 (1) ck only one) 5 Other (Specify) 28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State)	TOPSY DO Number or Rule	Approximatinterval Bet Onset and Ons			
MEDIC	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infitiated events resulting in death) LAST PART II. Other significent conditions in death and investigations in death and investigations in the conditions in	DUE TO (DR AS / DUE TO (DR AS / OUE TO (OR AS / DUE TO (DR AS / DUE TO (DR AS / d. DUE TO (DR AS / d. LONS CONTributing to deeth be lons contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contributing to deeth be long contribut	A CONSEDUENCE OF) A CONSEDUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in Detlant 3 DOA 28b. TIME INJU A thoma, farm, atroffy) Redge, death occurred in and/or investigation,	28. PL The underlying the underlying the underlying the Underlying 28c, thJ RY M 1 1 1 rest, factory, office at the time, data in my opinion, d	g ceuse given in LACE DF DEATH (Che 10 5 Residence 10RY AT 17KS 2 NO a and place, and due leath occured at the ceuse of th	Part I. 24a. WAS AN AU PERFORME 1 YES 2 A Ck only one) 5 Other (Specify) 28d. LOCATION (Street and City or Town, State) to the cause(a) and manner time, data and place, and d BER 2	TTOPSY DEPT OCCURED Number or Run	Approximat interval Bet Onset and I Onset			
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Derald Finnerty arrie Outter

John Firmerty 1814 Jackson Rd., Duncalk, Js. 21222

St. Stanislaus Cem 2/19 Exitimote, .c

connelly Funeral Home of Lundalk 7110 Sollers Ft. Rc., Falt, ad 22222

Make and the second

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

92 04913 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First. Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MYRTLE JACKSON GRIFFITH FEBRUARY 19 ,1992 5:45 P.M. M 8. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) APRIL 22, 1893 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 XX 213-74-1783 YRS. MARYLAND. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. AGNES HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 XXES 2 NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4714 EDMONDSON AVENUE 21229 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES В 3. Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ndary (0-12) College (1-4 or 5+) HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Sumame CHARLES J. JACKSON NATALIE ASHLEY BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2720 MT. CARMEL ROAD, PARKTON, MARYLAND STEVEN GRIFFITH (GRANDSON) 21120 20a. METHOD OF DISPOSITION
1XX Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of 20c. LOCATION — City or Town, State DATE LOCION TARK NATIONAL CEMETERY 2/24/92 4 Donation 6 Other (Specify) BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lusseller LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feliure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) WERMONIC DUE TO OR AS A CONSEQUENCE OF: ehx dry CERTIFICATION Sequentially list conditions. DUE TO TOR AS A CONSEQUENCE OF If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury C. DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIC COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined COMPLETED 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SHONATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

247452875



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FEB 2 4 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, SAMUHS

> 32. REGISTRAR'S SIGNATURE ru waydoon yandeel

29d, DATE SIGNED (Month, Day, Year)

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W.H. Per F/H

•	1 - STATE REGISTRAR	SIMIE OF	MARTLAND /	ERTIF	ICATE	OF DE	HTA	MENIAL H	EG. NO.	_		
,	1. DECEDENT'S NAME (First, Middle	, Last)						2. DATE OF D				3. TIME OF DEATN
- 1	Annie L. Graves							MONTH 2	/A	92	7:48 p.M	
	4. SOCIAL SECURITY NUMBER	5. SEX			IF UNDER 1	YEAR IF UNI	ER 24 HRS.	7. DATE OF B	E OF BIRTN		8. BIRTH	IPLACE (State or Foreign
	240-36-2331	1 🗆 M 2 🖫 F	61	YRS.	MONTHS	DAYS HOUR	MIN.	(Month, Day			Ga	, ,
	90. FACILITY NAME (If not institution	, give etreet end number)	1 01		9b. CITY, T	OWN OR LOCA	TION OF D	3-10	-30	9c. COL	NTY OF D	
LOH	Franklin Squ	are Hosp.								Ва	altim	ore County
EC		COUNTY	-	10c, CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY
FUNERAL, DIRECTOR	Md.				Balto.				1)			1 YES 2 NO
AL	10e. STREET AND NUMBER	10f. ZIP CODE						VHAT COUNTRY?				
EB	4916 Cransto	Drive	rive 21229					l	JSA			
B	11. MARITAL BTATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	FORCES?	DENT EVER IN U.B. ARMED 1 YES 2 NO VE WAR OR DATES			13. WAS DECENDENT OF NISPANIC ORIGIN If yee, specify Cuben, Mexican, Puerto I 1 YES 2 X NO Specify:			IIGIN? (Specify Yee or No.— 14. RAC Blac Spec B 1 3		E — American Indien, k, White, etc. l/C/K	
	15. DECEDENT (Specify only higher		18e. DE	CEDENT'S	USUAL OCC	UPATION	rkina	16b. KIN	16b. KIND OF BUSINESS/IND			
COMPLETED	Elementary/Secondary (0-12) 12th Grade	College (1-4 or	Ma	(Give kind of work done during most of working life. Do NOT use retired.)				Ros	Rosewood Hosp.			
S I	17. FATNER'S NAME (First, Middle, L	est)			18. MOTNER'S NAM						7 7 7 7	
BE C	Crawford	Turman				100.00	'iola		rsor			
10	19e. INFORMANT'S NAME (Type/Prin	nt)	19	b. MAILING	ADDRESS (Street end Num	ber or Rura	Route Number, C	ity or Tow	n, State, Z	ip Code)	
F	Willa Turman			1029	Punja	b Dr.	, Es	sex, Mo	١.	2:	1221	
	20e. METNOD OF DISPOSITION 1 □/Buriel 2 □ Cremetion 3 (Removel from State	20b. PLACE other pi		SITION (Name	of cemetery, o	remetory or		20c. LO	CATION -	- City or To	own, State
	4 Donation 5 Other (Specif		_ Loi	udon	Park	Cem.			Balt	timo	re Co	ounty, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSER March F/H East 1101 E. North Ave.										ı Ave.	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest,											
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final									Onset and Death		
	DUE TO (OR AS A CONSEQUENCE OF):											
_	Sequentially list conditions (b. PULTIONARY CONCION Weeks.											
CERTIFICATION												
S	CAUSE (Disease or Injury C. TO BE DETERMINED BY AUTUASY											
E	that initiated events	DUE 1	O (OR AS A CONSE	QUENCE (OF):			, ,	1	SEB	ORT	- s
E	resulting in death) LAST	d										
0	PART II. Other significant co	nditions contributing	to death but not	resulting	In the und	erivino caus	e alven i	n Part I. 24	. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED								— ''	1 VES 2 NO			OF DEATH?
Σ												1 TYES 2 ZHO
AN	25. WAS CASE REFERRED TO MED	ICAL				24 PI ACE O	E DEATH #	Check only one)				
	EXAMINER?	HOSPITAL:	ER/Outpatient	1/	OTHER:		1					
4	27. MANNER OF DEATN	28e, DATE		7	_	8c, INJURY AT		8 Other (Sp		INJURY O	CCURED	
BY PI	1 Natural 5 Pendir 2 Accident Investi		28b. TIME OF 28c, INJURY AT WORK? 1 YES 2 NO			200. 0200.	28d. DESCRIBE NOW INJURY OCCURED					
	3 Suicide 8 Could 4 Homicide determ					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)											
5	30. NAME AND ADDRESS OF PERS		RAPS SIGNATURE	EM 27) (Typ	e, Print)							
	31. DATE FILED (Month, Day, Year)	32. REGIST	RAR'S SIGNATURE	H.	1 40		-01	•				
		FEB 24 19:	ye gul	nani	400N-170	marke						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

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executed within 24 yours after be law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attent	THE EVENT, URLECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use, as	PORTAIN II hem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

S-201-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH			3. TIME OF DEATH				
	KIMBERLY		GOETCHIUS			FEBRUARY	1 Q	YEAR 1 0 0 2	11:45 PM		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign		
	214-86-2353	1 🗆 M 2 💢 F	25 YRS. 1	ONTHS DAYS	HOURS MIN.	06/13/19	66	Count	ryland		
	9e. FACILITY NAME (If not institution, give stre	et end number)		b. CITY, TOWN	R LOCATION OF DI			INTY OF D	2		
OR	THE JOHNS HOPKINS	HOSPITAL			RE CITY				RE CITY		
DIRECTOR	RESIDENCE OF DECEDENT			TILLI IIIO	KE CIII		J DAL.	LIMOI	KE CITY		
R	Maryland 106. COUNTY			TOWN OR LOCAT					10d. INSIDE CITY		
ā	-		Bal	.timore	City				t YES 2 NO		
¥	10e. STREET AND NUMBER			101	ZIP CODE		10g. CIT	IZEN OF Y	WHAT COUNTRY?		
FUNERAL	2613 Fait Avenue			21224			nited	States			
5	11. MARITAL STATUS	IN U.S. ARMED				s or No-	14. RACE	E — American Indien,			
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES						Speci	k, White, etc.		
					/// ·				White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	FION (mpleted)	18e. DECEOENT'S U: (Give kind of wo	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			ISINESS/IND	DUSTRY			
삗	Elementary/Secondary (0-12)	College (1-4 or 5+)				1					
M	8		Never W	orked							
8	17. FATHER'S NAME (First, Middle, Last) Donald Goetchius					ME (First, Middle, Malden	Sumame)				
BE					Carol						
0	190. INFORMANT'S NAME (Type/Print) Carol Goodlin		19b. MAILING A	DORESS (Street a	nd Number or Rural I	Route Number, City or Tox	m, State, Zir	Code)			
			2613 F	ait Ave	. Baltı	more, MD	21224	:4			
	20a. METHOD OF DISPOSITION 1.A. Burlal 2 Cremation 3 Ramov.	al from State Ci	b. PLACE AND DATE OF	DISPOSITION (Na	meol	DATE 20c. LC	CATION —	City or Town, State			
	4 Donation 5 Other (Specify)		metery, crematory or other Dak Lawn				ltimo	nore, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICES	ISEE		22. NAME AN	A TO 11	er, Inc. F					
	· Clisabeth (7. Soles	a hi			Ave. Bal					
	23. PART I. Enter the diseases, or co	mplications that caus	ed the death. Do not	anter tha mo	da of dving, suci	n as cardiac or man	iretory en	MD Z	Approximate		
	andek, of fleat failure. Li	st only one cause on	each lina.		/	r as sailaise of resp	natory are		interval Between		
	iMMEDIATE CAUSE (Final disease or condition	he C	au-cha.	~ (00				Onset and Death		
	resulting in death) a.	DUE TO (OR 45	A CONSEQUENCE OF	ar,	C)(30mm		
_	disease or condition resulting in death) a. IRSHIMATON OWNEST DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate b. JUEUNOU II SUCCESSION OF SEQUENCE OF:										
¥	cause. Enter UNDERLYING	chh	nic.	751110	dian				2.0000		
트	CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF):	copina	7000				repur		
F	resulting in death) LAST										
	0.57 // 0.15										
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions			the underlying	cause given in	Part i. 24a, WAS AN PERFOI		24b.	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă	closed hea		na			1 □ YES 2			COMPLETION OF CAUSE OF DEATH?		
¥	vegetative	state				/			1 TYES 2 NO		
z											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	100 DIVA			ACE OF DEATH (Che	ck only one)					
Š		Inpatient 2 ER/Out		THER:	5 Residence	6 Other (Specify)					
동	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME C	F 28c. INJ	JRY AT	28d. OEŞCRIBE HOW I	NJURY OC	CURED			
ВУ	1 Natural 5 Pending	(Month, Day, 10er)	INJUN		ES 2 NO						
									loute Number,		
COMPLETED	4 Homicide delarmined	building, etc. (Spe	ecny)			City or Town, State)					
<u>ן</u>	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know	wladon doub occurred	A Ibia din data							
Ž	(Check only one) 2 MEDICAL EXAMINER:	On the basis of examination	on end/or investigation	in my opinion d	end piace, end que	to the cause(e) end mai	iner as stat	ed.			
	29b. SIGNATURE AND TITLE OF SERTIFIER			or my opinion, di	atti occored at title	time, data and place, an	d due to in	e ceuse(a)	and manner as stated.		
BE		11	111		29c. LICENSE NUM	(6)			(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR LELLIO TO 32. REGISTRAR'S SIGNAR'S SIGNARY LIVE DAVIDORNAL SERVICE DAVIDA SERVICE DAVIDORNAL SERVICE DAVIDORNAL SERVICE DAVIDORNAL SERVICE DAVIDA SERVICE DA SERVICE DAVIDA SERVICE DAVIDA SERVICE DAVIDA SERVICE DAVIDA SER	2011		N7(1						
		un 110 I	CALIF (ITEM 27) (Type, Pr	(N)	D	4 111 -		_ (ю,		
	31. DATE FILED (Month, Day, Year)	L 32 DECISTRADIS SIS	ms Helk	ns dest	. pal	1. MID 3	11	-07			
	FEB 2 4 1992	Telia Darnares Sign	handell	•							
	LED # - 1337	/									

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S WATE (From Middle, Last)	4.0	CERTIFICAT	E OF DEATH	REG. NO. 2. DATE OF DEATH BAY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In vi	s. lest birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	92 2:15
217-54-0704	1 - M 2 XF 43	YRS. MONTHS		(Month, Day, Year) 6 20 48	8. BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give so	sity Hospin	Eal 96. CIT	Back Time		c. COUNTY OF DEATH
10e. STATE 10b. COUNTY		18c. CITY, TOWH	or LOCATION Timore		10d. INSIDE CITY LIMITS? 1 XES 2 NO
740 Popla	r Grove 5	+ ATZ	P 101. ZIP CODE	16	og. CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yea, specify Cuban, Maxie 1 YES 2 NO Spec		No— 14. RACE — American Indian, Black, White, alc. Specify:
15. DECEDENT'S EDU(Specify only highest grade	CATION 16completed) College (1-4 or 5+)	e. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.	e during most of working	16b. KIND OF BUSINE	SS/INDUSTRY
17. FATHER'S NAME (First, Middle, Lest)	Allow Tol	I done	16. MOTHER'S N	AME (First, Middle, Maiden Surr	e Duly
19a. INFORMANT'S NAME (Type/Print)	MILEN JOH	19b. MAILING ADDRE	SS (Street and Number or Rum	A SUFO	tru Zin Corio
Herbert (fore	603 D	eNisoN S	treet Bott	many M/ 71229
20a. METNOD OF DISPOSITION 1 Method 2 Cremation 3 Remo		ACE AND DATE OF DISPO		OATE 20c. LOCAT	ION — City or Town, State
4 Donation 5 Other (Specify)	00,10101	y, crematory or other place	tar	2/21/91 R:11	and mel
					MORESTILL
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		NAME AND AGORESS OF F	ACILITY	mose j mu
· Albert	mylie	22	eroy Harri	5 63B N. S.	ilmor St 2121
23. PART I. Enter the diseases, or cahock, or haert failure.	mylie	22	eroy Harri	5 63B N. S.	ory arrest, Approximate interval Batwe
23. PART I. Enter the disease, or cahock, or haert failure. IMMEDIATE CAUSE (Finel disease or condition	mylie	22	eroy Harri	5 63B N. S.	ory arrest, Approximate interval Batwe
23. PART I. Enter the disease, or cahock, or haert failure.	complicatione that ceuead the List stry one cause on each	22	eroy Harri	5 63B N. S.	ory arrest, Approximate interval Batwe
23. PART I. Enter the diseases, or cahock, or haert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complicatione that ceuead the List stry one cause on each	e death. Do not ante	eroy Harri	5 63B N. S.	ory arrest, Approximate interval Batwe
23. PART I. Enter the disease, or canock, or haert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	complicatione that ceuead the List stry one cause on each	e death. Do not ante line.	eroy Harri	5 63B N. S.	ory arreat, Approximate interval Batter Onset and Da
23. PART I. Enter the disease, or cahock, or haert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	e death. Do not ante ilne. INSEQUENCE OF): NSEQUENCE OF):	eroy Harri	5 63B N. S.	ory arreat, Approximata interval Batwo
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23. PART I. Enter the disease, or a shock, or haert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	e death. Do not ante line. INSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF:	ENDY Hairier the meda of dying, au	ch as cardiac or reapirate	OPSY 24b. WERE AUTOPSY FINOIN MAILABLE PRIOR TO COMPLETION OF CAUS
23. PART I. Enter the diseases, or a shock, or haert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED ID MEDICAL	DUE TO (OR AS A CO	e death. Do not ante line. INSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF:	ENDY Hairier the meda of dying, au	Ch as cardiac or respirate Part I. 24a. WAS AN AUT PERFORMED 1 YES 2	OPSY 24b. WERE AUTOPSY FINOIN MAILABLE PRIOR TO COMPLETION OF CAUSI
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23. PART I. Enter the disease, or cahock, or haert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR AS A CO DUE TO (OR AS	e death. Do not antelline. INSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): Of resulting in the unit of the control of the co	INAME AND ADDRESS OF F Proy Hairs or the moda of dying, au inderlying ceuse given in 28. PLACE OF DEATN (C ER: wring Nome 5 Residence 28. INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2 Debeck only one) 8 Dother (Specify) 28d. OESCRIBE NOW INJUIT	OPSY 24b. WERE AUTOPSY FINOIN COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
23. PART I. Enter the disease, or a shock, or haert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A CO DUE TO (OR AS	e death. Do not antelline. INSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): Of resulting in the unit of the control of the co	INAME AND ADDRESS OF F Proy Hairs or the moda of dying, au inderlying ceuse given in 28. PLACE OF DEATN (C ER: wring Nome 5 Residence 28. INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2 Debeck only one) 8 Dother (Specify) 28d. OESCRIBE NOW INJUIT	TOPSY 24b. WERE AUTOPSY FINOIR AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
23. PART I. Enter the disease, or a shock, or haert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OP DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be distarmined	DUE TO (OR AS A CO DUE TO (OR AS	e death. Do not anterine. Insequence of: INSEQUENCE OF: INS	END Y HAIT OF THE MEDICAL PROPERTY OF THE MEDICAL PROP	Theck only one) 8 Other (Specify) 281. LOCATION (Street and finding or fown, State)	OPSY 24b. WERE AUTOPSY FINOR ANALABLE PRIOR TO COMPLETION OF CAUS DF OEATH? 1 YES 2 NO Number or Rural Route Number,

Julia Devidson- Bondade

FEB 24 1992

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BALTIMORE, MARYLAND 21215-0020

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nermit .	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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detach		s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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92 04917 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR FEBRUARY 20 1992 MARIE GREEN 05:30 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 217-10-7007 MONTHS HOURS 1 M 2 F YRS 2-19-1917 Indiana 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CUMBERLAND, MD. FUNERAL DIRECTOR SACRED HEART HOSPITAL LLEGANY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Allegany County La Vale 1 YES 2 NO 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1021 National Highway 21502 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced no White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Fiber material worker Celanese Factory 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Samuel Highbaugh Irene Kelly 38 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Arlene Winkler Rt #1, Box 55A, Frostsburg, MD 21532 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata Cremation 3 - Removal from State 1 ☐ Burlet 2 ☐ Cremation 3 ☐ 5 4 ☐ Događon 6 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir State Anatomy Board 2/21/92 655 W. Baltimore St, Balto., MD 21201 ar complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onaet and Death disease or condition SemmaTED bone Abdomen - bone MARROW AMPHOCUSTIC TY 4mmth resulting in death) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): thet initieted events resulting in death) LAST PART II/Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS CARDIOVASCULAR AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 110 DISERSE 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER DE DEATH 28e. DATE DF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 8 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide TERTIFYING PHYSICIAN: John best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: 9 vestigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and manner as stated. 266. NUMATURE AND TITLE OF CERTIFIE BE 29c. DICENSE NUMBER 29d. DATE SIGNED (Month Day, Year) ludien Mo R > 20 9 6 2

M.D., 924 SETON DRIVE, CUMBERLAND, MD 21502

DR. ANDREW STASKO,

FEB 24 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Day doon Handell

in MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
xaminer must be
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret
1

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPA	RTMENT OF H	HEALTH AND	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPHINE	E KATHERIN		0	r055	2. DATE OF DEATH)AY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. lest birthday) 65 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your) 11-4-1926	/ 1	1. BIRTHPLACE (State or Foreign Country) Maryland
TOR	99. FACILITY NAME (If not institution, give st PENINSULA GENER. RESIDENCE OF DECEDENT		L		OR LOCATION OF DE	EATH	9c. COUNT	Y OF DEATH ICOMICO
DIRECTOR	10e. STATE 10b. COUNTY	comico Co	10c, CF	Salis				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1006 Beaglin Pa		Apt 203		or. ZIP CODE 2 180	1		EN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ER IN U.S. ARMED YES 2 NO	If yes, spe	CENDENT OF HISPAN pecify Cuben, Mexica S 2 NO Specify	NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.) ffy:		4. RACE — American Indian, Black, White, atc. Specify: White
8	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S	S USUAL OCCUPATION Work done during mo		166. KIND OF BUS		STRY
COMPLET	17. FATHER'S NAME (First, Middle, Lest)			Bend		Factory AME (First, Middle, Malden	Sumeme)	
TO BE	Joseph Fulco				and Number or Rural F	Aoute Number, City or Town	m, State, Zip Co	ode)
	Joseph L. Gross 20e. METHOD OF DISPOSITION 1		20b. PLACE AND DATE Cometery, crematory or o	OF DISPOSITION (No.		DATE 200 LOG		, MD 21801 ty or Town, State
	a dature of Fuleral Service Lici	Ronald	l Wade, Din 2/21/92	r	ND ADDRESS OF FAC	State ore St, Bal		omy Board
	23. PART I. Enter the diseases, or construction and the second sec	complications that ceu- List only one ceuse or	used the death. Do r on each line.	not enter the mod				
NO	resulting in death) e	o. Cardra DUE TO (OR A Mult	IS A CONSEQUENCE O	P: Coronar	s arte	y duca	ise	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c Ant	AS A CONSEQUENCE OF Levo Scler AS A CONSEQUENCE OF	w515 ·				
	resulting in death) LAST	l.	144					
H: MEDICAL	PART II. Other significant conditions	contributing to used	s but not recuiting	in the Underlying	cause given in i	PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 10 NO
PHYSICIAN:	1 YES 2 NO		Outpetient 3 DOA	OTHER:	LACE OF DEATH (Che			
BY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide Could not be	26e. DATE OF INJUR (Month, Day, Year		ME OF 28c. INJU JURY WOR M 1 1 Y	URY AT PRK? YES 2 NO	26d. DESCRIBE HOW IN		
LETED	4 Homicide determined	building, etc. (S	Specify)			20f. LOCATION (Street as City or Town, State)		
COMPLET	(Check only one) 2 MEDICAL EXAMINER		owledge, death occurre	and at the time, date on, in my opinion, de	end place, end due tenth occured at the	to the cause(e) end menr time, date and place, end	ner ee stated, d due to the c	euse(s) end menner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	-			29c. LICENSE NUM	9105	29d. DATE SI	18/52

7.

Huddles to N

32. Agaistran's SIGNATURE

Zuha Savidson-Randine

31. DATE FILED (MONTH, Day, Year)
FEB 24 1992

The second secon

DIVISION OF VITAL RECORDS, P.O. BOX 68760, D.A. HISPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 THE FINE ALL DECIDIES After this certificate has been signed by the attending physician and completely fills.	DIVISION OF VITAL RECORDS, P.O. BOX 68760, To HE FINEM, DRECORDS, P.O. BOX 68760, The HANDRAL DRECTURE After the law requires that the death certificate be executed within 24 from the FINEM, DRECTURE After this certificate has been signed by the attending physician and completely filled in
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N	

	1. DECEDENT'S NAME (First, Middle, La	si) Holman				2. DATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER					02	18	92	12130
	220-14-9772	1 M 2 F		FUNDER 1 YEAR FUN	OER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye	er)	8. BIRTH Countr	IPLACE (State or Foreign y)
	9a. FACILITY NAME (If not institution, give	43		b. CITY, TOWN OR LOC	ATION OF DE	10/20/		UNTY OF D	VA
DIRECTOR	GOOD SAMARTTAN			BALTIMOR			sc. co.	UNIT OF D	CAIR
IRE	10e. STATE 10b. COU	NTY	10c. CITY,	TOWN OR LOCATION					10d. INSIDE CITY LIMITS?
	MD.			BALTIMOR		7			1 TY YES 2 NO
FUNERAL	100. STREET AND NUMBER	DOND		10f. ZIP C			10g. CI	TIZEN OF V	VHAT COUNTRY?
JNE	1503 GREENDALE	12. WAS DECEDENT EVE	ED IN IL S. ADMED		21218			7	JSA
В	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 TNO	13. WAS DECENDEN If yes, specify C	uban, Maxicar	n, Puarto Rican, ste	ly Yaa or No c.)	14. RACE Black Speci	E — American Indian, c, White, atc. by: NEGRO
ED	15. DECEDENT'S E (Specify only highest gr	DUCATION	16e. DECEDENT'S US	SUAL OCCUPATION		16b. KIND O	F BUSINESS/IN	DUSTRY	TALGETO
Ħ	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use r	k done during most of wo retired.)	orking				
MPI			HOMEMAK	ŒR					
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. M	OTHER'S NAM	AE (First, Middle, Mi	siden Surname)		
BE (RUEBEN JONES				ANNIF	WORTHT	ON		
2	19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Num	nber or Rural R	oute Number, City o	Town, State, Z		
	shirley carroll		3712 N	ORTONIA RO	OAD, E	ALTO, M	D. 212	16	
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF I cametery, crematory or other			DATE 20	c. LOCATION -	City or To	wn, Stata
	21 DENATURE OF FUNERAL SERVICE	LICENSEE	7	22. NAME AND ADD	RESS OF FAC	ILITY			
	VIDO OPKI	L. Key	11/	JOSEPH I	L. RUS	S FUNER	AL HOME	Ξ	
	23. PART I. Enter the diseases, of shock, or hasnt feitur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause of	ased the deeth. Do not an each line. Cally Carely as A CONSEQUENCE OF):	entar the moda of	dying, such		respiratory ar	rrest,	Approximats interval Between
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	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1.2, 3 should		
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PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	nplete	In the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
cuted	noo p	urial,	tic e
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1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFIC	ENT OF H	EALTH AND DEATH	MENTAL	HYGIENE 9 4	4276	920
	OWEN		HALL		2. DATE O		YEAR 3.	1:35
4. SOCIAL SECURITY NUMBER 216-20-229 4 90. FACILITY NAME (If not institution, give s	1 2 M 2 D F	TYRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	11-	DE BIRTH Day, Year) 21-24	s, BIRTHPLA Country) OR/(CE (State or Foreign
RESIDENCE OF DECEDENT	1 Col Ol	tec 96	BALLO	R LOCATION OF D	EATH	9c. COU	INTY OF DEATH	
10a. STATE 10b. COUNT		10c. CITY, TO	Balt:	on imore Ci	.ty			. INSIDE CITY LIMITS? YYES 2 NO
100. STREET AND NUMBER 5122 Sekots Road	Apt B-4		101.	ZIP CODE 2121	6	10g. CIT	IZEN OF WHAT	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 Tyes 2 IF YES, GIVE WAR OR DATES WIT 1943-19	NO B	If yes, spe		NIC ORIGIN	(Specify Yee or No— lcan, etc.)	14. RACE — I Black, Wr Specify:	mericen Indien.
15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION 16	n. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mos	N t of working	16b.	KIND OF BUSINESS/IN		Negio
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	iddie, Maiden Surneme)	_	
Abraham Hall						endricks		
19e. INFORMANT'S NAME (Type/Print)						or, City or Town, State, Zip		
Patrice Hall 20a. METHOD OF DISPOSITION						to, Md. 21		
1 X Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	cemetar Gar	y, cremetory or other prison Fo	rest Ce	em.	DATE	Balto.		
LOSEPH.	L. Russ	/	Joseph	ADDRESS OF FA	s Fur	neral Home nue, Balto	- FM	21216
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):		477045	LUN	14 19138	FASE	Onset and De
PART II. Other algorificant condition	s contributing to dasth but r アミル ガット	ot resulting in th	ne underlying	cause given in		24e. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO	COM OF E	E AUTOPSY FINDII LABLE PRIOR TO PLETION OF CAUS DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLA	CE OF DEATH (Ch	eck only one;			
1 TES 2 TO NO	HOSPITAL: 1 Impatient 2 ER/Outpatier		HER: Nursing Home	5 Rasidence	6 🗆 Other	(Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WOR	RY AT K? S 2 NO	28d. DESC	RIBE HOW INJURY OC	CURED	
3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, stc. (Specify)	il home, ferm, street	, factory, office		28f. LOCAT	TON (Street end Number Town, Stete)	or Rural Route	Number,
29a. CERTIFIER (Check only one) 1	EIAN: To the best of my knowledge	e, death occurred at	the time, deta a	nd place, and due	to the caus	e(s) end menner ee stat	ed. e ceuse(e) end	manner se stated
29b. SIGNATURE AND TITLE OF CERTIFIER	GONN	g	ND.	29c. LICENSE NUM	MBER	29d. DATI	E SIGNED (Mon	th, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print	Me					
SUDMIR. D. 31. DATE FILED (MONTH, Day, Year) FEB 24 1992	32. REGISTRAR'S SIGNATUR	IE LABO.				181.010		

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3. TIME OF OEATH

REG. NO.

2. DATE OF DEATH MONTH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	4
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High Lover 19 2 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Ybar) 8. BIRTHPLACE (State or Foreign MONTHS DAYS 1 M 2 D F 70 244-09-0885 6/23/1921 N.C. permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH Baltimore 2558 Druid Park Drive DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21215 24 nours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burla-transit 2558 Druid Park Drive 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married BY and completely filled in by the funeral director, page 5 should be detached for use as the burial, cremation, or removal. 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) Local Union 194 8th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Cowan notified at Tra Duckery BE 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2558 Druid Park Dr. Baltimore, MD 21215 19a. INFORMANT'S NAME (Type/Print) 2 Betty J. High 2 20s. METHOD OF DISPOSITION
1 ⋈ Burlat 2 □ Cremation 3 □ Removal from State
4 □ Donation 8 □ Other (Specify) 20b. PLACE AND DATE OF OISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 2/2592 Randallstown MD must "Kind Manoria" ark medicel examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 MARCH FUNERAL WEST 4300 Wabash Ave., Baltimore, MD 21215 are 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) other traumatic event, PROSTORA A CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events the attending physician Mental Hygiene prior to 40sfich QUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 10 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY has been signed by t Dept. of Health and shows eny 1 | YES 2 | NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) this certificate I with the State HOSPITAL . OTHER: 1 YES 2-NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5-Residence 6 Other (Specify) 50 27. MANNER OF CEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED merked, 5 Pending Investigation 1 Natural TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is merke 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFICE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 142 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE FEB 2 4 1002 DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFICA	TE OF	DEATH	R	EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		YEAR 3	3. TIME OF DEATH
		HILL				02	21		92	8:30P M
	4. SOCIAL SECURITY NUMBER 220-30-1494 5. SEX 1 □ M 2 Ø F	6. AGE (In yrs. lest	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.		y, Year)		VIRG	GINIA
TOR	9a. FACILITY NAME (If not institution, give street and number) G. R. M. C. 6701 N. CHAR RESIDENCE OF DECEDENT	LES STRI		TOWS	OR LOCATION OF DE	ATH			TIM(
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND BALTIMORE		BALT	N OR LOCA	10.5.11				,	LIMITS?
FUNERAL	1013 LENTON AVENUE			10	21212				U.S.A	IAT COUNTRY?
B⊀	1 Never Married 2 Married FORCES?	NT EVER IN U.S. ARM 1 YES 2 XX NO WAR OR DATES	DED .	if yes, sp	CENDENT OF HISPAN pecify Cuben, Mexica B 2 NO Specify	n, Puerto Ricar	pecify Yes n, etc.)	or No		- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6th College (1-4 or 5	(Giv	EDENT'S USUAL e kind of work do Do NOT use retire	ne during me	ON osl of working	STEP		SMIT!		IES FOR
E COM	17. FATHER'S NAME (First, Middle, Last) JOHN BANKS				18. MOTHER'S NAI	ME (First, Middl	e, Maiden	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) CHARLOTTE TOLBERT	196.	MAILING ADDR	ESS (Street	and Number or Rural F	Boute Number, C	alty or Town	2121	Code)	
	20e. METHOD OF DISPOSITION 1. M Burlel 2 Cremation 3 Removal from State 4 Denetion 5 Other (Specify)		DATE OF DISP			OATE	1		STOWN	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0			MARCH F.					
	DUE TO	NGESTIV O (OR AS A CONSECU	E HEAR	RT F		as cardisc	or respi	ratory srr	est,	Approximsta Interval Between Onset and Death
CERTIFICATION	if sny, lasding to immediate	D ANTER D (OR AS A CONSECU- NGSTAND D (OR AS A CONSECU-	JENCE OF):		ENSION					
DICAL	PART II. Other significent conditions contributing to	o death but not re	sulting in the	undar!yin	g cause given in		. WAS AN A PERFOR	MED?	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 inpetient 2	☐ ER/Outpatient 3 [DOA A	ER:	LACE OF OEATH (Che		a official			
BY PHYSICIAN: ME	27. MANNER OF DEATH 28e. DATE O		28b. TIME OF INJURY	28c. IN.	URY AT DRK? YES 2 NO		Specify) RIBE HOW INJURY OCCURED			
	3 Suicide 28a. PLACE	OF INJURY — At hom , etc. (Specify)	e, farm, street, i	actory, offic	•	28t. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural Rou	ite Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the best of									and manner es stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER A Character And Title OF CERTIFIER				29c, LICENSE NUM	1723		29d. DATE	SIGNED (M	Aonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAN	A	27) (Type, Print)				G	BM	<u>_</u>	
		AR'S SIGNATURE	Mandadi							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burfat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

5. SEX

FOR STATE REGISTRAR

L DECEDENT'S NAME (First, Middle, Last)

Mabel 238-30-8581

1 -

3. TIME OF DEATH // 30 P M

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

i	238-30-8581	5. SEX	8. AGE (In yrs.		IF UNDER 1 YEAR	_	MIN.	7. DATE OF (Month, D	wy, Year)		B. BIRTHPLAC Country)	
1	230-30-6004	1 M 2 StF	82	YRS.				POLIT	24,	1909		lew Yor
¥	90. FACILITY NAME (If not institution, g Greater Laurel 1	al	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUN Laurel Prin					ice George				
5	RESIDENCE OF DECEDEN	E OF DECEDENT										
DIRECTOR	Virginia 106. co	DUNTY			xandri							INSIDE CITY LIMITS? YES 2 NO
- 15	10e. STREET AND NUMBER			Ale	Kanor I	101. ZIP CO	DF			10g, CITI	IZEN OF WHAT	
EHA	5021 Seminary Re	d.					2311				ited St	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		NT EVER IN U.S. 1 YES 2 WAR OR DATES	ARMED	If yes,		ban, Mexica	NIC ORIGIN? (in, Puerto Rici y:		or No-	14. RACE — A Black, Wh Specify:	marican indian, ita, etc. White
ETED	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a.	DECEDENT'S ((Give kind of w life. Do NOT use	USUAL OCCUPY ork done during	ATION most of work	king	16b. Ki	IND OF BU	SINESS/INC	DUSTRY	
PLE	Elamentary/Secondary (0-12)	College (1-4 or 6	i+)		ers Ai	d			Educ	ation	1	
COMPL	17. FATHER'S NAME (First, Middle, Las John Butler	11)				7 -1		ME (First, Mid	dle, Maiden	Surnama)		
BE						_		itler				
പി	196. INFORMANT'S NAME (Type/Print)				ADDRESS (Sire							
	Wilma Francis V	azquez	601.001		rchard			rt, La	_			Photo
	20a. METHOD OF DISPOSITION 1		other	place)	Compde of		emetory or				City or Town,	r.aria
	4 Donation 6 Other (Specify)		IVY	H111	Cemete	TY AND ADDR	RESS OF FA	CILITY		xandı		
	> ///) k	In Wo	7110	1				Co			meral	Home Va 220
	23. PART I, Enter the diseases	Jem	~~				-					Approximet
z	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO	O (OR AS A CON	1 0		luo	cary	A	VY SA	T		
ITIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Mo	O (OR AS A CON	SEQUENCE OF SEQUENCE OF	I-f	lus	Ceir P	A	rres	<i>T</i>		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

HOAGLAND

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR

2. DATE OF DEATH MONTH

25.1 1.52

3. TIME OF DEATH

8:45

q Z

2. DATE OF DEATH MONTH 2 DATE 2

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

STELLA

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J. BOX	ertificate be	
7.	death o	
S	the state	
E .	that	
ECO	requires	
-	ME	
4	The	
2 40	HYSICIAN:	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	POTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	
É	8	
	SPITAL.	

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDER	1 YEAR	IF UNDER 2	HRS.	(Month	Dey, Year)		8. BIRTHPL/ Country)	CE (State or Foreign
	218-22-3028	1 M 2 F	45	YAS.						3 <u>- 189</u>		MARY	
-	9a. FACILITY NAME (If not institution, give s						OR LOCATION	OF DE	EATH		9c. COUN	TY OF DEAT	
2	RESIDENCE OF DECEDENT	SPITA			700	150	N, N	110)		DF	12) 1	MORE
DINECTOR	10a. STATE 10b. COUNT	ALTO.		10c. CI	TY, TOWN C	R LOCAT	TION					11	d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 1208 MEREDITH	FORD RI	DAD		33		1. ZIP CODE				10g. CITIZ	EN OF WHA	T COUNTRY?
DI FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDED	NT EVER IN U.S. A 1 YES 2 WAR OR DATES			WAS DEC		Mexica	in, Puerto F	? (Specify Yea lican, etc.)	or No-	14. RACE — Black, W Specify:	
COMPLETED B	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			ECEDENT'S Give kind of le. Do NOT u	work done	CCUPATION MO	ON ost of working		18b.	KIND OF BUS		WHIT	<u> </u>
JAIL	17. FATHER'S NAME (First, Middle, Last)			DMEM	AKER		10 110711	TO NA	DAF (Files A	4(d.m 8.4 d.d			
_	JOHN WACHOWIA						2000			fiddle, Melden		0.17	
BE	19a. INFORMANT'S NAME (Type/Print)	1N	1	9b. MAILIN	G ADDRESS	S (Street s				BART er, City or Town			
2	MRS. MARIE LANL	EV		SAME		o (outout e	ario manipar e	, real ar i	rogio riama	u, ony or low	n, otale, 240	0000)	
					SITION (Na	me of ce	metery, crema	tony or		200 10	CATION — C	alty or Town	State
	20a METHOO OF OISPOSITION 1 Description Memory Description Descrip	novel from State	HOL)	olaca)			METE		2-2		TO.		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	_ 1101	110	22	NAME A	ND ADDRESS	OF FA	CILITY				۱U.
- 1/	Wednesd V	da	1.							VERAL			
	23. PART I/ Enter the diseases, or	JUNI1	WINU										. 21224
CERTIFICATION	Sequentielly list conditione, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	c	O (OR AS A CONSI										
MEDICAL CE	PART II. Other significent condition DEMENT	_	o death but not	resulting	in the ur	nderlyin	g Cause gl	ven in	Part I.	24a. WAS AN PERFOR	RMED?	CC	ERE AUTOPSY FINDINALABLE PRIOR TO DIMPLETION OF CAUST DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF DE	ATH (Ch	neck only on	•)			
XSI	1 TYES 2 THO	1 1 Impatient 2	☐ ER/Outpetlent	3 🗆 DOA			ne 5 🗆 Res	Idenca	8 🗆 Othe	r (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE O (Month,	PF INJURY Day, Year)	26b. Tr	ME OF IJURY M	W	JURY AT DRK? YES 2 [NO	26d, DES	CRIBE HOW I	NJURY OCC	URED	
9	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At I	home, farm,	street, fac	tory, offic	ce			ATION (Street or Town, State)		or Rural Rou	e Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b SIGNATURE AND TITLE OF CERTIFIE						death occure	d at the	time, data		nd due to the	e cause(a) a	
TO BE	30. NAME AND ADDRESS OF PERSON W	SEPAY	SICIAN III	FM 27) /Bro	a Print)		D4	034	90		▶ 2	122	onth, Day, Year)
	P.RDESAL MD; C 31. DATE FILED (Month, Day, Year)	105, 50.	SEPH A	tos81	TAZ	,7	120%	ive	the	Ton	SUN	MD	2000
	FFR 2 4 1992	guha Davi	doon-Hand	ملك									
	PFD (4 A 137/	1											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

STELLA E. HEPNER

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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	IEALTH AND I	MENTAL HYGIE		2 04925
	1. DECEDENT'S NAME (First, Middle, Last	Hackley				2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR		02		92/0740 "
		1 M 2 M F		ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)
	213-36-9045 90. FACILITY NAME (If not institution, give	7	3 (04 22 3	7	Md.
œ	STA	atreet and number)		-	OR LOCATION OF DE	ATH	9c. COUNT	TY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUN	Hospital			1	20		N/A
1 2 1	TOO. STATE	II Y	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
0	Md.	N/A	Ba	ltimor	e			1 X YES 2 NO
FUNERAL	10s. STREET AND NUMBER				ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
Ü	4220 Euclid	AveBalt	imore.Md		212	29	TT	S . A
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN	IC ORIGIN? (Specify Y	ee or No. 1	4. RACE — American Indian,
ВУ Е	1 Never Married 2 Merried	FORCES? 1 YES		If yes, spe	2 NO Specify	n, Puerto Rican, etc.)		Black, White, atc.
	3 XWidowed 4 Divorced		N/A	1 123	2 NO Speciny	AT / A		Specify: White
COMPLETED	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	SUAL OCCUPATION	N	16b. KIND OF B	USINESS/INDU	
1	(Specify only highest gred Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wo	rk done during mo: retired.)	st of working	1001111110 01 0	001112007111200	
7	N/A	N/A	Doniela					Church
NO.	17. FATNER'S NAME (First, Middle, Lest)	N/A	Parish	Secret				Monastery
					16. MOTHER'S NAM	RE (First, Middle, Maide	n Sumame)	
BE	Charles	F. Block			Hele	en M. Mo	oxlev	
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural R	oute Number, City or To	wn, State, Zip C	iode)
	Robert C. Had	cklev	14220	Euclid	Ave	Balto.	Md. 2	21229
	20e. METNOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Rec		b. PLACE AND DATE OF				1	ty or Town, State
	4 Donation 5 Other (Specify)		metery, crematory or othe puntain		lam 2 /			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	nn rain	View C	D ADDRESS OF FAC	25-92	Sykesy	zille, Md.
						ore Nati	onal	Diko
	G. Trumar	Schwab		IRal+i	more I	VIA 2722	0.0	
	23. PART I. Entar the diseases, pr	complications that cause	d the death. Do not	anter tha mod	ta of dying, auch	aa cardiac Dr rea	piratory arres	nt, Approximata
	immediate cause (Final	. List Dnly Dna cause Dn	each lina.				Escale Consu	intarvai Batween
	disease or condition	Henry	Fall	vu.				Onset and Death
	resulting in death)	# Herati	A CONSEQUENCE OF):	, v M .				2 1271.
1 1		1		1 . 1 .				
S S	Sequantially list conditions,	b. Live	1-1000	2+2117				weeks.
E	If any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF):					1/
CERTIFICATION	CAUSE (Disease or injury	c Color	1	ur.				months.
l 는 l	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
H	reaulting in death) LAST	d						
	PART II Other desilies a section							
AL	PART II. Other aignificant condition	na contributing to death I	out not reautting in	tha undariying	cause given in F		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS
MEDIC						1 □ YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_	2 85 110	DF DEATH?
						- 1		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			00 00	NCE OF DEATN (Chec			
S	EXAMINER?	HOSPITAL:		THER:	A THE STATE OF THE			
ĭ≚∥	27. MANNER OF DEATH	1 Inpatient 2 ER/Out			5 Residence 6			
古	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C		RY AT	28d. DESCRIBE NOW	INJURY OCCUP	RED
BY	2 Accident Investigation			M 1 7	ES 2 NO			
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, atc. (Spe	— Al home, farm, stre	et, factory, office		261. LOCATION (Street	and Number or	Rural Route Number,
	4 Nomicide determined		,,			City or Town, State)	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	IICIAN To the head of a	10.40° A 50°	Law Indonesia de la	and a section			
X	(Check only one) 2 MEDICAL EXEMINA	SICIAN: To the best of my know	rieuge, death occurred i	it the time, date a	and place, and due f	o the cause(s) and ma	inner es atated.	
8			in and/or investigation, i	in my opinion, de	ath occured at the ti	me, dete and place, a	nd dua to the c	cause(s) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R III			29c. LICENSE NUME	BER	29d. DATE S	SIGNED (Mgnth, Day, Year)
8	h-	mo tal	MD	ł			1 2	122/92.
2	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type Pri	int)				1110
	Mand	Home	~	,				
	31. DATE FILED (Month, Day, Year)		ATURE					
	trace (month, bay, rear)	32. REGISTRAR'S SIGN	Davidson-Ronk	1.00				
	FED 24	1992 gula	vaviason-Nyak	1				
	1 # D . X	~						DNIAN 16 Pour 1000

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7	6	U	L	7	6	t

Items:	23 part I,27,28a,b,c,d,e,f per MEO 3/23/92	92	04
FOR G-685	reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE		

				ICATE OF		F				
1. DECEDENT'S NAME (First, Middle,	Last)					2. DATE OF	DAY	YEAR	3. TIME OF DE	
CLYDE	Lean	1	_	SON, JR	Υ-	0.2	2.2	92	3:35	A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. les		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, Da	y. Year)	8. BIRT Coun	HPLACE (State or try)	Foreign
217-68-0170	1 M 2 F	32	YRS.				1959		S.C.	
9a. FACILITY NAME (If not institution,	give street and number)				OR LOCATION OF	DEATH	90	COUNTY OF	DEATH	
3549 LYNDALE				BALTIM	ORE					
RESIDENCE OF DECEDEN	OUNTY		I too CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CI	TV
200				ltimore					LIMITS?	
MC . 10e. STREET AND NUMBER			Dd	-	OH, ZIP CODE		Lan	0777711 07	1 YES 2 WHAT COUNTRY	
ALCOHOLOGICA CONTRACTOR	7 - 7						10	g. CHIZEN OF	WHAT COUNTRY	r
3549 Lynda		NT EVER IN U.S. AR	*****	40 400 00	212 CENDENT OF HISP				Usa	
1 Never Married 2 Married	FORCES?	1 YES 2 N	NO.	If yea, a	pecify Cuban, Mexi	can, Puerto Rica		Bla	CE — American In ck, White, etc.	dlen,
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 TYE	S 2 NO Spec	ally:			olly:	
15. DECEDENT'S		16a. DE	CEDENT'S	USUAL OCCUPATI	ION	16b, KIA	O OF BUSINE		Negro	_
(Specify only highest Elementary/Secondary (0-12)	I grade completed) College (1-4 or 5	(Gi		work done during m		3.00				
Elementary/Secondary (U-12)	Conege (1-4 or 5	, +,	Sel	f-emplo	ved					
17. FATHER'S NAME (First, Middle, La	ist)					AME (First, Midd	le, Maiden Surn	ame)		
	L.J. Johns	on				herine				
19a. INFORMANT'S NAME (Type/Print			b. MAJLING	ADDRESS (Street	and Number or Run					
CATHERINE WA					Ave, Ba					
20a. METHOD OF DISPOSITION				OF DISPOSITION (A		DATE	·	ON — City or 1	Town, State	
1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify,		cemetery, cre	matory or o	ther place!	Oses	JAIL			ty, Md	
21. SIGNATURE OF FUNERAL SERVI		_ I WO	od1av		ND ADDRESS OF	FACILITY	Darw	, cour	Cy / I'm	-
immediate cause (Fine) disease or condition resulting in death)	. Mult	iple Dr	cug	Intoxi		ch aa cardlec	or respirato	iry errest,	Approxi Interval Onset a	Betv
disease or condition	a. Multi		OUENCE O	Intoxio		cn as cardiac	or reapirato	ry errest,	Interval	Betv
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. Multipue T b. OUE T c. OUE T	O (OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSEC	OUENCE OF	Intoxio	cation	n Part I. 24	a. WAS AN AUTPERFORMED	DPSY 24	Interval Onset a Onset a Ib. WERE AUTOPSY AWALABLE PRIC COMPLETION O OF DEATH?	FIND FIND FIND
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Jerson L

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

5-0020	Met division	the officians)
BALTIMORE, MARYLAND 21215-0020	be retained by the hospital or atte	ge 5 should be detached for use	e notified at once.
	24 hours after death. Page 6 may	y filled in by the funeral director, partion, or removal.	the medical examiner must b
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or are under the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or are	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use after contraction, or removal.	MPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF V	O THE HOSPITAL OR ATTENDING PHYSICIAN	THE FUNERAL DIRECTOR: After this certification within 72 hours after death with the S	MPORTANT: If item 28 is marked, or

FOR 1 - STATE	STATE OF MA	ARYLAND / DEPA	RTMENT O	F HEALTH AND	MENTA	AL HYGIEN	9	2 04927
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Le Helen J.	Jurgensen		FICATE C	F DEATH	MON	REG. NO	22,199	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213 74 6887	7	. AGE (In yrs. last birthday)	IF UNDER 1 YE		7 DAT	E OF BIRTH with, Day, Year) /07/19(T.	BIRTHPLACE (State or Foreign Country) aryland
Se. FACILITY NAME (If not institution, given Franklin Square		enter		vn or location of i		, - , , - , -	9c. COUNTY	Y OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY	10c. CI	TY, TOWN OR LO				Dares	10d. INSIDE CITY LIMITS?
	imore Count	Ey E	ssex	101. ZIP CODE				1 YES 2 NO N OF WHAT COUNTRY?
10. STREET AND NUMBER 1139 Fantat Roa 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes	212 DECENDENT OF HISP/ , specify Cuban, Maxk YES 2 (X NO Spec	ANIC ORIG	IN? (Specify Yes Rican, atc.)		S.A. I. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12) 3 17. FATHER'S NAME (First, Middle, Last)	DUCATION Ide completed) College (1-4 or 5+)	IIIe. Do NOT t	work done during	most of working	16	b. KIND OF BU	SINESS/INDUS Home	тяу
Herman	Zimmerman			18. MOTHER'S N Hana	Deph	art		
19a. INFORMANT'S NAME (Type/Print) Herman J. Jurgen. 20a. METHOD OF DISPOSITION	sen	1139	Fantat	Road Balt	imor	e Mary	land	21221
1 % Burisi 2 Cremetton 3 R. 4 Donetton 5 Other (Specify)		20b. PLACE AND DATE cemetery, cremetery or Zion Evans	pthorplace) celical		2/2			e County, MD
I Mans 13	soper	1	Bruz	dzinski F	uner	Raltimo	re Ma	ryland 21221
23. PART Enter the diseases, p shock, or heert fellur immediate CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditione, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	a	AS A CONSEQUENCE O	id ble		ch ss cei	rdiac or respi	ratory srrest	t, Approximate interval Betwee Onset and Dei
PART II. Other significant conditions to the significant conditions of the significant condition	done contributing to de	ath but not resulting	In the underly	ring ceuse given in	Part I.	24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDRY AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26 OTHER:	PLACE OF DEATH (C	heck only o	ne)		
Pending	28a. DATE OF INJ (Month, Day,		4 Nursing H	ome 5 Residence	7	SCRIBE HOW IN	JURY OCCUR	RED
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide datarmined	28a PLACE OF IN	NJURY — At home, farm,		YES 2 NO	28f. LOC	CATION (Street a	nd Number or I	Rural Roule Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHY	SICIAN: To the best of my	knowledge, death occurr	ed at the time, d	ate and place, and du	to the ce	use(a) and man	ner sa stated,	suse(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	Mun			29c. LICENSE NU		are place, and		GNED (Month, Day, Year) 24/Ch
	ILU ER M		406 E1	ARTERN I	SLUP	- 212	21	
FEB 24	1992 gum	Manufactor - 1/-		N.				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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Melvin Thomas James Sr. 200118 for 1992 to 199		1 - FOR STATE REGISTRAR	STATE OF MARY	(LAND / DEPAI CERTIF	RTMENT OF ICATE OF	HEALTH AND DEATH	MENTAL HYGIEI REG. NO		
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED PAUSE OF DEATH (ITEM 27) (Type, Print)	ш	(1)	Mach 1	m		29c LICENSE N	UMBER 3	29d, DATE S	SIGNED (Month, Dey, Year)
	2		WHO COMPLETED PAUSE OF	DEATH (ITEM 27) (Ty	oe, Print)				7 0//-
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Francia Scott Key Hospital Baltimore

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SEAR WILLROCK COURT

Tool & Die Maker J. L. Wickham

Louis James Sleanors Henusreon

Warie F. James 8264 Bullneck Ct. Balto, M. 21822

Oak Lawn Cemetery 2/22 Balto, Mi.

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	ANDREW KIECAL	-			MARY L				
	19a. INFORMANT'S NAME (Type/Print)	15		ING ADDRESS (Street	and Number or Rural	Route Number,			
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	1 Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)			TEOF DISPOSITION (N. NISLAUS		2-2:	20c, LOCATION		rwn, Stata
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FOR STATE REGISTRAR

ERCELIA

4. SOCIAL SECURITY NUMBER

579 07 5721

RESIDENCE OF DECEDENT

FEB 24 1992

DECEDENT'S NAME (First, Middle, Last)

9e. FACILITY NAME (If not institution, give street and number)

8505 Spring Vale Road

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DIRE	Maryland Montgomery				Silver Spring					
	100. STREET AND NUMBER				101. ZIP CODE					
FUNERAL	8505 Spring Vale Road					["	20910			
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEMENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1						pecify Cuban, Me	exicen, Puert	o Ricen, atc.)	
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BE (Sydney Sw						Emma Carter			
0	190. INFORMANT'S NAME (7)						and Number or A			
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1XS	t X YES 2 □ NO 27. MANNER OF DEATH		tient 2 X ER/Outp	atlent 3	DOA 4	☐ Nursing Hor	e 5X Reelden	7		
ВУ Р	1 Netural 5 🗌 F	Pending rivestigation	(Month, Day, Year)		28b. TIME C	Y WO	URY AT PRK? YES 2 ND	26d. DE	SCRIBE HOY	
TED	3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, lerm, street, factory, office 28f. LOCATI						CATION (Street or Town, Sta			
COMPLE		FYING PHYSICIAN: To to								
TO BE C	Debus B	OF CERTIFIER MULLE	MD '				29c LICENSE			
	30. NAME AND ADDRESS OF									
	Deborah B.	Goldberg	8700	Ge	orgi.	a Aver	alle	Smit	2 400	

32. REGISTRAR'S SIGNATURE

in Davidson Randelle

8700 Georgia Avenue

Suite 400

JONES

6. AGE (In yrs. lest birthday)

86

YRS.

5. SEX

1 M 2 FF

CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE PED: 3, 1992 3. TIME OF DEATH noon M 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE FUND OF TOURS County, Md. March 1905 9c. COUNTY OF DEATH Silver Spring Md. Montgomery 10d. INSIDE CITY LIMITS? 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? UnitedStates 14. RACE — American Indian, Black, White, etc. Yes or No-Specify: Black BUSINESS/INDUSTRY ivate len Sumame) fown, State, Zip Code) shington, D.C. LOCATION -- City or Town, State shington, d.C. ome N.E. piratory arrest. Approximata Interval Batween Onset and Daeth 2 years years 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE AN AUTOPSY ORMED? 2 X NO DF DEATH? 1 YES 2 NO INJURY OCCURED t end Number or Rural Route Number, enner se stated. and due to the cause(e) end manner as stated. 29d. DATE SIGNED (Month. Day, Year)

DHMH-16 Rev 1/89

Md.

Silver Spring,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train		
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ING PI	fter th	eath v	mark
TEND	DR: A	ther d	8 Is
JR AT	MECT	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR	reb STATE OF MARY	LAND / DEPARTM	MENT OF HEALTH AN	ID MENTAL HYGIE!		L 04501				
1. DECEDENT'S NAME (First, Middle Lindsay		T - 1-				3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 553-55-1668		E (In yrs. last birthday)	IN S O IN. **UNDER 1 YEAR	(Month Day Year)	1 0 1	92 4:15 P BIRTHPLACE (State or Foreign Country), all fornia				
1500 Glencoe	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF Sparks Balt									
	Queens	M	anhattan 101. ZIP CODE		10g. CITIZEN OF WHAT C					
100. STREET AND NUMBER 850 Park Ave. 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 NO		SPANIC DRIGIN? (Specify Yeaxican, Puerto Rican, etc.)						
15. DECEDENT (Specify only highest Elementary/Secondary (0-12) 9 17. FATHER'S NAME (First, Middle, LI	S EDUCATION It grade completed) College (1-4 or 5+)	16a, DECEDENT'S US (Give kind of work life. Do NOT use re Stude	done during most of working tired.)	16b. KIND OF BL	ISINESS/INDUST	White				
17. FATHER'S NAME (First, Middle, L Lee H. Johns			16. MOTHER'S	s NAME (First, Middle, Maider ane Y. Kenn	Surname)					
P 190. INFORMANT'S NAME (Type/Print) Wade Johnson	0		Pennsylvania							
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) DATE 20c. LOCATION - City or Town, Stata									
21. SIGNATURE OF FUNERAL SERV	21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Baltimore, MD 21214									
23 PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death)	Seizure	each line. Disorde	anter the mode of dying,	auch as cardiac or reap	piratory arrest,	Approximate interval Betwee Onset and Deat				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AWAIL COMM										
						OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 🖾 YES 2 🗆 ND 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 DOA 4	26. PLACE DF DEATH THER: Nursing Home 5 Residen		chool	dormatory				
2 Accident Investig	etion	ТЯОСИ	M 1 YES 2 ND		28d. DEŞCRIBE HOW INJURY OCCURED					
	4 Homicide determined building, atc. (Specify)									
(Check only CERTIFTING										
296. SIGNATURE AND FITLE OF CE	in O Chy	to my	29c. LICENSE	NUMBER M.E.	29d. DATE SIG	17 1992				
30. NAME AND ADDRESS OF PERSO	THO COMPLETED CAUSE OF D		nn Street.	Baltimore	Mary1	and 21201				

FEB 2 4 1992

32. REGISTRAR'S SIGNATURE

Country School

PINAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	NEGISTRAN		CE	MILL	CALE	UF	DEAL	In	REG. NO).			
- 8	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATN								3. TIME OF DEATN				
	Edward	ews	ski							7:25 P. M			
В	4. SOCIAL SECURITY NUMBER 212-14-9799	5. SEX	6. AGE (In yrs. last I	vrs.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country		
	9a. FACILITY NAME (If not institution, give a		84	ms.	44 01774	11/02/07 Mary							
										9c. COU	NTY OF DE	ATH	
5	2033 Fleet Street				Ва	1ti	more	Ci	ty				
EC						Y, TOWN OR LOCATION 10d. INSIDE CITY						10d. INSIDE CITY	
DIRECTOR	Md. B					mor	0					LIMITS? 1 \(\sum_X \text{YES} 2 \sum_NO \)	
AL	10e, STREET AND NUMBER						. ZIP CODE	E		10g. CITI		HAT COUNTRY?	
FUNERAL	2033 Fleet Street						21	231		1.0	1. S. F	\	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM		13. \	MAS DEC	ENDENT O	F HISPANI	C ORIGIN? (Specify Ye			- American Indian, White, atc.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 NO WAR OR DATES					n, Mexican Specify:	, Puerto Ricen, atc.)		Specify		
											Whi	te	
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade		(Give	kind of w	USUAL OC	CUPATIO	N st of workin	g	16b. KIND OF BU	SINESS/IND	USTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5	+) I/Ne. L	lo NOT us	e retired.)								
M	17. FATNER'S NAME (First, Middle, Last)		Pa	ainter					Helle				
									WE (First, Middle, Maiden Surname)				
8	Jacob Kowale 19a. INFORMANT'S NAME (Type/Print)	wski	1999	*****					ia Scyb				
2									oute Number, City or Tox				
	Agnes Kowalews	ki							Balto.,				
	1 Burtel 2 X Cremetion 3 Rem	oval from State	cometery, creme	story or of	her place)					CATION —			
	4 Donation 6 Other (Specify)	ENSEF	<u>- Green</u>	mou						alti	ltimore,Md.		
						21231 . 1901 Eastern Ave							
	23. PART I. Enter the diseases, or o	X NEV	urx										
7	Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death Bue to (or as a consequence of):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
E	resulting in death) LAST	d											
	PART II. Other significent condition	s contributing to	death but not me	udėles i	- the	dant. ta		de la C					
EDICAL	Tract in Other algument conduction	s contributing to	deem but not res	ruiting i	n the underlying cause given in Part i.				i. 24s. WAS AN AUTOPSY 20 PERFORMED? 20		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
ă										YES 2 NO COMPLETIC		COMPLETION OF CAUSE OF DEATH?	
									- HZM	oney		YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL									and J			
<u>S</u>	EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATN (Chec	ck only one)				
1×S	1 X YES 2 NO		ER/Outpatient 3						Other (Specify)				
BY PHYSICIAN: M	27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Disy. Year) 28b. TIME OF INJURY AT WORK? WORK? 28d. DE\$CRIBE NOW INJURY OCCURED M 1 VES 2 NO												
	2 Accident investigation 3 Suicide 6 Could not be determined determined determined investigation investigation investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							ute Number,					
9	29e, CERTIFIER	STUNE			_								
COMPLETED	(Check only one) 2 K MEDICAL EXAMINE											and manner as stated.	
									29d. DATE	E SIGNED (Month, Day, Year)		
BE O	A A	Som						. C .					
임	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAU	SE OF DEATH (ITEM :	27) (Type,	Print)				n.b.		2-20-	74	
	1	KON				C +	× 0 0 ±	. D	01++	14	1		
			R'S SIGNATURE	2	enn	SE	reer	В	altimore	Ma	ryla	and 21201	
	FEB 2 4 1992	The David	A'S SIGNATURE	5									

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INTERIAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf permit. Pages 1: 2. 3 should		
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DIRECTO	into 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
VERAL L	nin 72 h	10.00
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	1 - STATE OF MARYLAN REGISTRAR	ID / DEPARTM	ENT OF HEAD	TH AND M	IENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) The/im A. P. Knox				2. DATE OF OEATH DATE OF OEATH	y year 92	3. TIME OF DEATH	
стов	4. SOCIAL SECURITY NUMBER 577-36-2320 1 M 2 F 62 9a. FACILITY NAME (If not institution, give street and number)	YRS. MON	UNDER 1 YEAR IF U		7. DATE OF BIRTH (Month, Day, Mar), AUG • 22,	a. BIR	THPLACE (State or Foreign orth Carolina DEATH	
	Prince Georges HSP CAT RESIDENCE OF DECEMENT 10a. STATE 10b. COUNTY	Prince georges HSP Ctr Cheve					10d, INSIDE CITY	
AL DIR	Maryland Prince George's	ndover	CODE		LIMITS? 1 ☐ YES 2 ☑ NO 10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL DIRECTOR	7352 Landover Road 11. Marital status 1 Never Married 2 Married 3 Wildowed 4 Divorced 7352 Landover Road 12. Was Decedent ever in U FORCES? 1 YES IF YES, GIVE WAR OR DATE	13. WAS DECENDE	20785 United St I3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 U YES 2 2 N No Specify: Specify:					
COMPLETED BY	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use ret	done during most of a	working	16b. KIND OF BUS	INESS/INDUSTRY	láck	
COMP	11. FATHER'S NAME (First, Middle, Last)	Retired	18.	MOTHER'S NAM	Pr	ivate Surname)		
BE	John Patterson 190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADE	DRESS (Street and Nu		avia Dos:			
10	LaVerne Smith 2100 Brooks Dr., Forestville, Maryland 20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 20e. PLACE AND DATE DATE 20e. LOCATION — City or Town, State company or other place.							
	21. SIGNATURE OF FINERAL SERVICE DEENSEE	. TIT	Stewar	t Fund		e	, Maryland	
CERTIFICATION	23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiretory arreat, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting height) Due To (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, is eding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other aignificent conditions contributing to death but	not resulting in th	ne underlying cau	rse given in P	Part I. 24e. WAS AN / PERFORI	MED?	IND. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER:							
BY	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28i. LOCATION (Street and Number or Rural Route Number, building sets, (Specify)							
COMPLETED	29a. CERTIFIER (Check only one) 29 CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as atsted.							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER LINGS WHO COMPLETED CAUSE OF DEATH 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print	i	17/6	2	1 2/1	9/92_	
	31. DATE FILED (Morth, Dev. Your) FEB 24 1992 Julia Davidson	GRAIN Handres	Huy C	pper	mmelser	0, 141	20772	

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	O THE	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPOR	
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92.	-0887-510 _{Items:}	23 part I,	II,27,28a	,b,c,d,	e,f per M	EO G-	685	9	2 04931	
1	FOR STATE REGISTRAR	23 part I eb STATE OF MAR	RYLAND / DEPAI Certif	RTMENT O	F HEALTH AND OF DEATH	MENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				J. BEATT		OF DEATH		3. TIME OF DEATH	
	GEORGE	М.			DSEY	0 2	17	19	92 2:10 A	
	4. SOCIAL SECURITY NUMBER 577-54-5351	5. SEX 6. /	AGE (In yrs. last birthday) 48 YRS.	MONTHS DA		7. DATE OF BIRTH (Month, Day, Walr) 12-3-1943			BIRTHPLACE (State or Foreign Country) Va	
	9a. FACILITY NAME (If not institution, give			9b. CITY, TO	WN OR LOCATION OF C	EATH		9c. COUNTY	OF DEATH	
Ē L	LIBERTY MEDIC	AL CENTER		BALT	IMORE CI	TY				
DIRECTOR	IGA. STATE Md 10b. COUNT	Υ	10c. Cl	Baltin					10d. INSIDE CITY LIMITS?	
	IGE. STREET AND NUMBER			Daiciii	101. ZIP CODE			10a, CITIZEN	1 X YES 2 NO	
	2201 1/2 Ros1vn	Avenue			21216				USA	
	II. MARITAL STATUS I Never Married 2 Married B Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 () IF YES, GIVE WAR (YES 2 NO	If yes	DECENDENT OF HISPA s, specify Cuban, Mexic YES 2 NO Speci	an, Puerto R	? (Specify Yea o	or No- 14.	RACE — American Indian, Black, White, etc. Specify: Black	
	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S			16b.	KIND OF BUSH	NESS/INDUS		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT L	work done during ise milired.)	g most of working	U	. S. Res	serve		
	7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N			urname)		
# -,	9a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Str	eet and Number or Rural			State, Zip Co	de)	
2	Arlene F. Lindsey		2201	1/2 Ros	lyn Avenue B	Baltimo	re, Md	21216		
1	Repriet 2 Cremetton 3 Rem	noval from State	20b. PLACE AND DATE cometery, crematory or Carrison	other place) .	Veteran Cem	2249		ngs Mil	or Town, State	
2	M. SIGNATURE OF FUNERAL SERVICE LI	CENSEE (M)	1	22. NAM	ch F/H West	ACILITY	L] ONII	193 1111	13, 10	
	23. PART I. Enfer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):									
FICALL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	AS A CONSEQUENCE O							
) I -	PART II. Other aignificent condition	na contributing to des	th but not resulting	in the under	lying cause given in	Part i.	24a. WAS AN AI PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
2	S. WAS CASE REFERRED TO MEDICAL			21	S. PLACE OF OEATH (CI	neck only one	}			
2	EXAMINER? 1 ☑ YES 2 ☐ NO	HOSPITAL: 1 Inputient 2/CXER/	Outpatient 3 DOA	OTHER:	Home 5 - Realdence	6 ☐ Other	(Specify)			
2	7. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJU (Month, Day, Ye	IRY 28b. TIN	NE OF 28c.	INJURY AT WORK?	28d. 0E\$0	RIBE HOW INJ	URY OCCUR	EO	
	2 Accident 3 Suicide 6 Could not be 4 Homicide determined	URY — At home, farm, (Specify)	STAGIT	- A	28t. LOCA City o			Roslyn Ave.		
20 MPCE IEU		found: he	mowledgs, death occum			to the caus				
3			nation and/or investigation	on, in my opinio	n, death occured at the	time, dats a	ind place, and	due to the ca	nuse(a) and manner as stated.	
21	96. SIGNATURE AND TITLE OF CERTIFIES	is () (hute n	uD	O . C . M .	MBER E .		29d. DATE SI	GNED (Month, Day, Year) 17-1992	
30	D. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type		TREET BA	LTIM	ORE M	ARYL	AND 21201	
31	FEB 2 4 1992	32. REGISTRAR'S								
	FEB 2 4 1992	Julia Davids	- Banda Pl							

OHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	1. DECEDENT'S NAME (First, Middle, Lau	VIRGIN	iA -	LA	WSC	N	2. DAT		and the	YEAR 2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		UNDER 1 YEAR		7. DATI	E OF BIRTH	. 1		PLACE (State or For
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Œ	98. FACILITY NAME (If not institution, give		OANLT IN			OR LOCATION OF			9c. COUN	TY OF DE	HTA
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	Ma	By Ho				LIMITS 1 ✓ YES			1 X YES 2		
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COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME /Einst	Sticketh Maiden	Company 1		
ш	James Wal	Ker				Maga		L. M	1///20	,	
0	19a. INFORMANT'S NAME (Type/Print)		1	196. MAILING AD	DRESS (Stree	t and Number or Rura		nber, City or Tow	n, State, Zip	Code)	
9	DEVETTEN	m.D.				PITAL					
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	Donation 5 □ Other (Specify)		- 1 /11	remetary of diner		4 Port		192- 1	but	10,1	red
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

WITHOUT

SON SON, SON SON SON SON SON SON SON SON SON SON	cate be executed within 24 hours after death. Page 6 may be retained by the hos	hysician and completely filled in by the funeral director, page 5 should be detached a prior to burial, cremation, or removal.	or traumatic event, the medical examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital control of the contro	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained by filed within 72 hours after death with the State Dept. of Realth and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.	

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	E OF DEATH			3. TIME OF DEATH
JOSEPH L. LUTZ								Feb	. 0	AY	YEAR	5:45 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	•	992 8. BIRT	THPLACE (State or Foreig
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9a. FACILITY NAME (If not institution, give at	treet and number)			9b. CITY	Y, TOWN	OR LOCATI	ON OF DE		05 1		UNTY OF	
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RESIDENCE OF DECEDENT				1 2116	JUNI.	-11 11				1 ^	*111E	IIIONDEL
10a. STATE 10b. COUNTY			10c. CF	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	ARUNDEI		BR	OOKLY	YN PA	ARK						1 - YES 2 NO
10e. STREET AND NUMBER					101	. ZIP COD	3.0			10g. Cf	TIZEN OF	WHAT COUNTRY?
611 REGATTA AVE						2122	25				USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		TEVER IN U.S. A I A YES 2 MAR OR DATES	ARMED NO		If yes, sp	ecify Cuba	n, Mexica	n, Puerto	N? (Specify Ye Ricen, etc.)	or No-	Bla	CE — American Indian, ck, White, etc. ccity: WHITE
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		DECEDENT'S					16	b. KIND OF BU	SINESS/IN	NOUSTRY	
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ОТН		S'.	TOREK:	EEPER	Χ.				WESTIN	GHOU	SE C	ORP.
17. FATHER'S NAME (First, Middle, Last)	1-6					18. MOT	HER'S NA		Middle, Malden			
CASPER LUTZ								ROS		WIL		
19a. INFORMANT'S NAME (Type/Print) VIOLA LUTZ	(D.								ORE, M		2122	5
Qe. METHOD OF DISPOSITION AB Burlal 2 Cremation 3 Ramo	numl from Dance		EANDDATE			ime of		DAT	TE 20c. LO	CATION -	- City or 1	Town, State
□ Donation 5 □ Other (Specify)		LOUD(ON PA	RK CF	EMET1	ERY		2-	25 BA	LTIM	ORE,	MD
TI. SIGNATURE OF PUNERAL SERVICE LIG	ENSEE !						SS OF FAC					
Serie So	mill	>		F	HUBBA	ARD I	FUNEF	RAL	HOME,		Е. М	D 21229
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TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146	2. nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be authorial, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, nows after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune and within 20 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR	STATE OF MARYLAND /	NEPARTMENT			ENTAL HYGIENI		04	937		
	REGISTRAR		RTIFICATE		TH	REG. NO.	-		15.1650		
1	1. DECEDENT'S NAME (First, Middle, Last)	_ Shelby Lew	swe	Lowe		2. DATE OF DEATH MONTH DA	9 9	AR 3. T	4.35 p m		
		SEX 6. AGE (In yrs. last M 2 F 55	YRS. F UNDER	1 YEAR IF UND DAYS HOURS	MIM	7. DATE OF BIRTH (Month, Day, Year) Mar. 19,		6. BIRTHPLACE (State or Forbign Country) Tennessee			
	9e. FACILITY NAME (If not institution, give street			TOWN OR LOCA	TION OF DEA	TH	9c. COUNTY				
ED	Greater Laurel Bel	tsville Hospita	1 I	Laurel			Prince	e Geo	rges		
FUNERAL DIRECTOR	Maryland Prince	e Georges	Beltsvi	R LOCATION					INSIDE CITY LIMITS? YES 2 NO		
AL	10e. STREET AND NUMBER			101. ZIP CO			10g. CITIZEN				
R	4714 Powder Mill R				20705	C OBJORNS (Secolty Voc		U.S.A			
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES	0		ban, Mexican	C ORIGIN? (Specify Yea , Puerto Rican, etc.)		Specify:	mericen Indien, He, etc.		
	15. DECEDENT'S EDUCATI (Specify only highest grade con	noleted) (Gh	CEDENT'S USUAL O	CCUPATION during most of wor	rking	16b. KIND OF BUS	BINESS/INDUST				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT use retired.)								
N N	17. FATHER'S NAME (First, Middle, Last)		Carpenter		OTHER'S NAM	Con IE (First, Middle, Maiden	Struct Sumeme)	ion			
	Frank Earl Lowe				Berth						
TO BE	19a. INFORMANT'S NAME (Type/Print) Linda Jaminson (d			s (Street and Numi		oute Number, City or Tow	n, State, Zip Coo	de)			
	20a, METHOD OF DISPOSITION 1										
	4 Donation 6 Other (Specify)	Cour	nty Line				ersvil	le, 7	CN		
	21. SIGNATURE OF FUNERAL SERVICE LICENT	2. Karel		apitol]		al Service	, Fall	s Chu	irch, VA		
	23. PART I. Enter the diseases, or com	plications that coused the det t only one cause on each line.		ths mode of	dying, auch	es cerdiec or reep	ratory srrest	,	Approximate interval Between		
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	resulting in death) a	DUE TO JOR AS A CONSEC	DUENCE OF):	4							
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_	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):								
CERTIF	resulting in death) LAST										
	PART II. Other significant conditions of	contributing to death but not n	egalting in the u	nderlying caus	e given in	Part i. 24s. WAS AN			RE AUTOPSY FINDINGS		
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		0'									
PHYSICIAN: MEDICAL		IOSPITAL:	OTHE								
HYS	1 YES 2 NO 1 27. MANNER OF DEATH	☑ Inpatient 2 ☐ ER/Outpatient 3 28a. DATE OF INJURY	26b. TIME OF	28c. INJURY AT		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK?	2 🗌 NO						
	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street, fa	ctory, office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	(Check only	AN: To the best of my knowledge, de On the basis of examination end/or		,					d manner so stated.		
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	tym f M.D		7	LICENSE NUR	2	D 7.	19.	onth, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Prige)	0	1100	20 44	ח ה	1			
		_	reade	Koa	a La	user 17	0. 20%	POT			
	31. DATE FILED.(Month, Day, Year)	32. REGISTRAR'S SIGNATURE									



OHMH-16 Rev 1/89

DHMH-16 Rev 1/89

	1. DECEDENT'S NAME (First, Middle,	Last)	CERTIFI	CATE OF DE		REG. NO.	
	Rosa	m. Ly	lons	. 6.		12 17	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)		IDER 24 HRS. 7, DA	TE OF BIRTH	8. BIRTHPLACE (State or Fore
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CTOR	90. FACILITY NAME (If not institution, Caton Hesidence of December	estal + melical	Center	96. CITY TOWN OR LOC	CATION OF DEATH	nd, oc. co	UNTY OF WAH
DIRE	MD.	DUNTY	10c. CITY	, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
AL I	10e. STREET AND NUMBER			BALTIMORE,		10a, Cl	1 X YES 2 N
FUNER	DEATON NURSING I	OME				USA	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 V NO	13. WAS DECENDED If you, specify C	uben, Maxican, Puar	GIN? (Specify Yea or No-	14. RACE — American Indian, Black, White, etc. Specify: BLACK
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LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	iiie. Do NOT use	e reared.)	nung		
COMPL	17. FATHER'S NAME (First, Middle, Las	1)	UNEMPL		OTHER P NAME (C)	t, Middle, Maiden Surname)	
ш	SHELLEY DAVIS			10.10	DAISY DA		
TO B	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street and Nun		imber, City or Town, State, Z.	ip Code)
	JOHN HENRY DAY				UE, BALTI	IMORE, MD.	
	1 № Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donalion 5 ☐ Other (Specify)	Ramoval from State cem	netery, crematory or oth				- City or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE		WESTERN :	STAR CEMET 22. NAME AND ADD		CATONS	VILLE, MARYLA
	· Ollain	10 Ma		JOSEPH H	RROWN :	TR. FUNERAL	YZOMYZ D A
	23. PART I. Enter the diseases, shock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death)	pr complications that caused ure. List only one cause on elements of the cause of t	tt. CL	1913 W. But anter the mode of	<u>LTTIMORE</u> S dying, auch as ca	T. BALTO, MD. ardiac or reapiratory as	21223: P.O. BOX rreet, Approxime Interval Be Onset and
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3. TIME OF DEATH

2. DATE OF DEATH

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

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11:30 P.M EDWARD T. 02 92 LITZINGER 7. OATE OF BIRTH (Morith, Day, Year) 8. BIRTNPLACE (State or Foreign A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 X M 2 | F xx 74 MARYLAND 213-12-6417 30 01 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CARROLL DIRECTOR WESTMINSTER 925 DEER PARK ROAD RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY WESTMINSTER CARROLL MARYLAND 1 X YES 2 | NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? USA 21157 use as the burial-transit 925 DEER PARK ROAD 11. MARITAL STATUS WAS OCCENCENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, stc.)
 U YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Bisck, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Merried Specify: BY 3 Widowed 4 Olvorced WHITE WW COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use relired.) 15. OECEDENT'S EQUICATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) funeral director, page 5 should be detached for Figmentary/Secondary (0-12) College (1-4 or 5+) CARPENTRY MAINTENANCE 12TH 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) NELLIE MULES Ħ ANTHONY R. LITZINGER BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 925 DEER PARK ROAD, WESTMINSTER, MD. 21157 BERTHA LITZINGER pe 20e. METHOD OF DISPOSITION
1 77 Burlal 2 Cremation 3 Removal from State
4 Donetion 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)
MD. STATE VETERANS CEMETERY DATE 20c. LOCATION — City or Town, State must 2/25/92 GARRISON FOREST, MD 22. NAME AND ADDRESS OF FACILITY
A. ALAN SEITZ, JR. FUNERAL HOME 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Man 21211 3818 ROLAND AVENUE, BALTO., MD. filled in by the fi medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Dasth** l completely filled rial, cremation, o the state disease or condition DUE TO (OR AS A CONSEQUENCE OF) known resulting in desth) and com Hypertrasian
OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury other that initisted events the attending p resulting in desth) LAST 0 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the MAILABLE PRIOR TO pealipidemia COMPLETION OF CAUSE 1 | YES 2 | 16 OF DEATH? 1 YES 2 NO has been Dept. of I PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 25. PLACE OF DEATN (Check only one) After this certificate hadeath with the State D smarked, or Item 5 HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 🗆 Other (Specify) DR ATTENDING PHYSICIAN: 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 25b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY After t Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 251. LOCATION (Street and Number or Rural Route Number, City or Town, State) to the funeRAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is it 28 Is s 6 Could not be determined ETED. 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. COMPL HOSPITAL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Z # p 2 912 WAS 31. DATE FILED (Month, Day, Year)
FEB 2 4 32. REGISTRAR'S SIGNATURE **DHMH-16 Rev 1/89**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IVISION OF VITAL RECORDS, P.O. BOX 68760,	The second secon
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HTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be to state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

_	nedistrian		CER	3111	CALE OF	DEALL	1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) LERO4	LOV	177				2. DAT	E OF DEATH	6	72	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	S. AGE (In yrs. lest bit	irthriau)	IF UNDER 1 YEAR	IF UNDER 24	MOD 7 DAT	E OF DIDTH			LACE (State or Foreign
	243 40 0500	1 🔀 M 2 🗆 F		YRS.	MONTHS DAYS	1	WIN. (Mor)/15/19		Country)	
	241 40 9300						10	1/15/19	32	Nor	th Carolina
	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUN				Y OF DE	ATH
DIRECTOR	University Nur	sing Ho	me		Silver Spring				Mon	taor	m o r u
K	RESIDENCE OF DECEDENT	DIII DPIING				Montgomery					
Ĭ	10a. STATE 10b. COUNTY		1	IOc. CITY	Y, TOWN OR LOCATION				10d. INSIDE CITY		10d. INSIDE CITY
5	District of Co	shing	on					LIMITS?			
	10e. STREET AND NUMBER						YES 2 NO				
*		,	f. ZIP CODE			10g. CITIZE	EN OF WH	IAT COUNTRY?			
<u>=</u>	256 58th Stre	et, N.E	•			20019	9		Uni	ted	States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARME	D	13. WAS DE	CENDENT OF	IISPANIC ORIG	IN? (Specify Yes			- American Indian, White, etc.
	1 Never Married 2 X Married	IF YES, GIVE WAI	YES 2 NO			pecify Cuben, I B 2 (X NO	Mexican, Puerto	Rican, etc.)		Specify:	
B	3 Widowed 4 Divorced					2	opeony.		- 1	Bla	ack
	15. DECEDENT'S EDU	CATION	16e. DECE	DENT'S	USUAL OCCUPAT	ON	16	Sb. KIND OF BUS	INFSS/INDE		
EI	(Specify only highest grade		(Give i	kind of w	rork done during n e retired.)	ost of working				0	
7	3rd Grade	College (1-4 or 5+)						_			
E			111	Sul	lator			Pr	ivat	<u>e</u>	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER	I'S NAME (First	, Middle, Meiden	Surname)		
BE	John O. Lo	vitt					Loui	ise Ta	vlor		
	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING	ADDRESS (Street	and Number or				Code)	
2	Minnie Lovitt				8th St						
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem	oval from State	cemelery, cremat	tory or all	F DISPOSITION (I	ame of	DA	TE 20c. LO	CATION — CI	ty or Tow	n, State
	4 Donation 6 Other (Specify)		Harmo	ny	Memor:	al Pa	ark 2/	22 La	andov	er.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE MO	ENSEE O	1		22 NAME	ND ADDRESS	OF FACILITY	al Hom	_		
	▶ Vohm	1	+								
	23. PART Enter the discesses, or o	Outille	W. III		400.	Benr	ning F	Rd., N	.E. V	Wash	n. D.C.
	immediate cause (Final disease or condition resulting in death)	List only one ceus	on each line. He Ca OR AS A CONSEQUE HUD LE				_				Interval Between Onset and Death
ATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING		PR AS A CONSEQUE			ens c	use	as c			3 m
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART II. Other algnificant condition	s contributing to d	anth but not rear	ulalma I	n Alba constant de		a to Book t				
EDICAL	The state of the s	s continuiting to u	eath but not lest	niting i	n the underlyii	g cause give	en in Part I.	24a. WAS AN PERFOR		1	VERE AUTOPSY FINDINGS
ă I								1 YES 2	□ NO	9	OMPLETION OF CAUSE OF DEATH?
ME											YES 2 NO
3								1		1 '	0.00
&	25. WAS CASE REFERRED TO MEDICAL	-									
$\overline{0}$	EXAMINER?	HOSPITAL:		T	OTHER:	LACE OF BEAT	H (Check only o	one)			
X	1 TES 2	1 Inpatient 2 I E	ER/Outpatient 3 🗌	DOA	4 Nursing Ro	ne 5 🗆 Reald	ence 6 🗆 Oth	ner (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 D Natural 5 Pending 2 Accident Investigation	26a. DATE OF IN (Month, Day.		8b. TIME	JRY W	JURY AT ORK? YES 2 N		ESCRIBE HOW II	IJURY OCCU	RED	
	3 Suicide 6 Could not be determined	28e. PLACE OF building, et	INJURY — At home, c. (Specify)	, term, s	treet, factory, offi	•		CATION (Street a y or Town, Stete)	nd Number or	Rural Roo	ite Number,
ш	29e. CERTIFIER										
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of m									and menner as stated
	29b. SIGNATURE AND TITLE OF CENTURES	9									
BE C	Myroy 2	Leake	4			D06	674	A	29d. DATE 5	SIGNED (A	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	ENKIN)	OF DEATH (ITEM 27	7) (Туре,	Print) 23	95%	tond	TEZO	RO	, -/	,
	/		141		رسا ا	NETT	ON	1 VES			
	31. DATE FILEO (Month, Dev. Year) FEB 24 1992	32. REGISTRAS	s signature Mason-Rand	lee							

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		IENTAL HYGIENE REG. NO.	22 04341				
8		iomas Le.			2. DATE OF DEATH DAY	YEAR 2 02/1 M				
	,	9-54-3469 1RM 2 F 51 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country!								
TOR	96. FACILITY NAME (If not institution, give street and number) 96. COLY, TOWN OR LOCATION OF DEATH ROY BUY, RE RESIDENCE OF DECEDENT 96. COUNTY OF DEATH ROY BUY, RE									
DIRECTOR	100. STATE 100. COUNTY 142-y (2nd Baly	h'uore	10c. CITY, TOWN OR LOS Baltiu	Y, TOWN OR LOCATION 3 altimore, Mc 1 12 years						
FUNERAL	100. STREET AND NUMBER UUCCHOWN			101. ZIP CODE 10g. CITIZEN OF WHAT COUNT						
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	If yes,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.)						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (Gi	CEDENT'S USUAL OCCUPA ive kind of work done during Do NOT use retired.)	TION most of working	16b. KIND OF BUSINESS.	1 01				
BE COM	17. FATHER'S NAME (First, Middle, Last) JOHN Welby	1 les		Dototh	E (First, Middle, Meiden Surnam	07824				
10	190. INFORMANT'S NAME (Type/Print)	- 1707-92- 3	MAILING ADDRESS (Street	e and Number or Rural Ro	oute Number, City or Town, State,	Zio Coole) fixe, D.C.				
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 9onation 5 Other (Specify)	val from State cemetary, crei	AND DATE OF DISPOSITION (matory or other plece)			City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICE	Ronald wade,	Dir 22. NAME 1/92 655	W. Baltimo	ore St, Balto	omy Board .,MD 21201				
	23. PART I. Enter the disesses, proceedings of the second shock, printed the Limited States of the second s	omplications that caused the de list only one cause on each line. Reug / ## DUE TO (OR AS A CONSEC		node of dying, such	ss cardisc or respiratory	Approximats Interval Between Onset and Death				
LION	DUE TO (OR AS A CONSEQUENCÉ OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEC	DUENCE OF):							
AL	PART II. Other significent conditions			ng cause given in P	ert i. 24s. WAS AN AUTOP: PERFORMED?	SY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
PHYSICIAN: MEDIC	- New York	Endosur Gite	- 11040		1 YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN		HOSPITAL: 1 □ Inpatient 2 □ ER/Outpatient 3	OTHER:	PLACE OF DEATH (Chec	- 01 1	e Prisure				
	27. MANNER OF DEATH 1 Availural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. I	VORK?	28d. DESCRIBE HOW INJURY					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	1AN: To the best of my knowledge, de: On the beele of examination end/or in	ath occurred at the time, de	te and place, end due to	o the cause(e) and manner ee me, data and place, end due to	stated, o the ceuse(e) and manner ee stated,				
TO BE C	290 STGNATURE AND TITLE OF CERTIFIER W.	D. How, 1	S)	29c, LICENSE NUME		DATE SIGNED (Month, Day, Year) 2/20/82				
1	30. NAME AND ADDRESS OF PERSON WHO Edward W.	DI HOTTE LE		WOSGWI	too it to	loper town Ted				
	31. FEB 24 1992 g	32. REGISTRAR'S SIGNATURE	1							

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3. TIME OF DEATH

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2. DATE OF DEATH

FOR

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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February 21, 1992 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 02-02-1913 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 X F 212-05-9620 79 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR Franklin Square Hospital Rossville Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10a, STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY City Maryland Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? filled in by the funeral director, page 5 should be detached for use as the burlal-transit on, or removal. 4109 Mary Ave. 21206 U.S.A. after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 TYES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) 6 Clothing Mfg. Seamstress 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Grace Dalfonzo Joseph Porpora notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Joseph A. Linthicum 7 Furnace Ct.. Hunt Valley. MD 21030 9 20a. METHOD OF DISPOSITION
1 V Burlal 2 Cremetion 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must corpetory, cromptory of other place) New Cathedral Cemetery 2-24 Baltimore MD examiner 21. SIGNATURE # FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
ROBERT C. ALTENBURG FUNERAL HOME, INC. ceane Baltimore. 6009 Harkord Rd. 21214 medical 23. PART I. Enter the diseases, of complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellule. List only one cause on each line. **Approximate** 24 hours Interval Between and completely filled Ir burial, cremation, or IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition resulting in death) Sepsis
DUE TO (OR AS A CONSEQUENCE OF): within event. pacuted Myocardial Infarction traumatic CERTIFICATION Sequentially list conditions, prior to if sny, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to . Hypotenson CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, (PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Health and amy MAILABLE PRIOR TO Lymphoma COMPLETION OF CAUSE 1 TES 2 NO Shows Pleural Effusion 1 | YES 2 | NO has been PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) Hem this certificate HOSPITAL:
1 M Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO 4 🗆 Nurs g Home 5 - Rasidenca 6 - Other (Specify) 6 the 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with 1 Natural 1 YES 2 NO death BY DIRECTOR: After the hours after death Investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town. State) 3 Suicide 28 is 6 Could not be determined COMPLETED 4 🔲 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL (35 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT: 296. SIGNATURE AND TITLE-OF CERTIFIER 29c. LICENSE NUMBER 是是 BE 29d. DATE SIGNED (Month, Day Moar) 401 N/A 2 2 3 2 WHO COMPLETED GAUSE OF DEATN (ITEM 27) (Type, Print) SAVOPOULAS 9000 Franklin Square Drice SOTIERE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Rendelle 9 4 FFR 1992 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Pages 1, 2, 3 should

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled filled within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN IDA FONTZ 4:36 PM 02 992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 1 M 2 V F DAYS 212-10-5096 YRS 88 08-06-1903 Maruland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland City Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3011 Rosalie Ave. 21234 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Maxicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 1 YES 2 Y NO Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6 Seamstress Garment 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) notified at George Fontz BE Ludia Eric 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carroll H. Cruse 3929 Miller Rd. Kingsville. MD. å 20e. METHOD OF DISPOSITION

1 10 Burlel 2 Cremellon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must Mt. Olivet Cemetery Donation 5 Other (Specify) 2-22 Baltimore MD. examiner 21. SIGNATURE OF ENNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, 23, ART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, shock, or heart value. List only one cause on each line. INC. the medical 21214 Approximata intervel Between Onset and Death disease or condition ERFRO- VASCULAR ACCIDENT - PNEUMONIA event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other 1 DUE TO (OR AS A CONSEQUENCE OF): thet initiated evente resulting in death) LAST 10 injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS CONGESTIVE HEART FAILURE, CHRONIC shows any AWAII ARE F PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO ATRIAL FIBRILLATION 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one, HOSPITAL:
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32. REGISTRAR'S SIGNATURE

Rendell

whia Davidson



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71215-00	attending
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AND	he hospital o
4	
_	3
MARTLAND	retained by 1
	8
MORE	6 may be re
)	9
Ξ	. Page
DALLIM	er death.
Q	ffer

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

PITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traneit permit. Pages 1, 2, 3 sn. 17 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death w	IMPORTANT: If Item 28	

	92-819-51	0								0	2	11010
	Item 23 Part I FOR STATE REGISTRAR	STATE OF N	MARYLAND	85 3/ DEPAR	2/92 g RTMENT OF ICATE O	HEALTH	AND I			E	2	04944
	1. DECEDENT'S NAME (First, Middle, Last)			LHIIF	ICATE	T DEA	III.	2. DATE OF	REG. NO			
	MARSHALL			МАР	TIN			MONTH 02	14	1 O	YEAR 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	A ACE / /-							19		7:35 A M
	214-62-8679	1 M 2 D F	a. AGE (In yrs. In	YRS.	MONTHS DAY		MIN.	7. DATE OF (Month, Do			8. BIRTHP Country)	Nd
	9a. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TOW	N OR LOCATI	ON OF DE		1550	-	TY OF DE	
DIRECTOR	2724 PARKWOOD	AVE			BALT	IMORE						
E C	10a. STATE 10b. COUNTY	·		10c CIT	Y, TOWN OR LO	CATION						44.4 10000 0000
	Md				timore	CATION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
A	10e. STREET AND NUMBER					10f. ZIP COD	Ę			10g. CITIZ		HAT COUNTRY?
FUNERAL	2724 Parkwood Avenu	e				21217				11	SA	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13, WAS	DECENDENT O	OF HISPAN	IIC ORIGIN? (S	inecify Yes			- American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	If yes			n, Puerto Rice			Black, Specify	White, etc.
입	15. DECEDENT'S EDU		18a. D	ECEDENT'S	USUAL OCCUP	ATION		16b, KII	ND OF BU	SINESS/IND	USTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+		Give kind of v b. Do NOT us	work done during se retired.)	most of worki	ng					
5	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAI	ME (First, Midd	le, Maiden	Surname)		
	Powell Martin					Et	thel (Diver N	Martir			
00	19a. INFORMANT'S NAME (Type/Print)		10	9b. MAILING	ADORESS (Stre	et and Alumba	or Primi S	Dougla Museher	Crity or Tow	n Cinto Zio	Codel	
2	Cynthia Jackson			602	Kahn Dri	ve Bal	timor	e. Md 2	1208	n, State, Zip	C000)	
							-	·			-	
	204/METHOD OF DISPOSITION 1 Burial 2 Cremellon 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cr	Ring	of disposition	Park		22092		cation — c indalls		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22. NAME	AND ADDRE	SS OF FAC	CILITY				
	* Nola 7	nasi	h			h F/H W		oni ia				
	23. PART I. Enter the diseeses, or	complications that	csused tha d	aath. Do r	not enter the	moda of dv	ing, auci	h as cardiec	or read	ratory arre	est.	Approximete
	snock, or heert failure. Liet only one ceuea on eech line.											
	iMMEDIATE CAUSE (Final disease or condition	Coionn		a								Onset and Deeth
	resulting in death)	. Seizure										
		DUE 10	(OR AS A CONSE	OUENCE O	F):							
5	Sequentially list conditions,	b										
RIFICATION	If any, leading to immediate	DUE 10	(OR AS A CONSE	OUENCE O	F):							
3	Cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
=	thet initisted eventa resulting in deeth) LAST	DUE 10	(OR AS A CONSE	OUENCE O	F):							
H H	Tooding in death) Exst	d										
2	PART II. Other significant condition	e contribution to	doub but not	reeville a	In the condens	dan anus	description 1	P				
MEDICAL	and algument condition	s continuating to	Death Dot Not	raauting	in the underly	ing cause (given in	Pert I. 24	PERFOR			WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
5								10	ES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
												YES 2 NO
								_				
4	25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF D	EATH (Che	eck only one)				
PHYSICIAN:	EXAMINER? 1 X YES 2 NO	HOSPITAL:	ED/Outpetlant 1	2 🗆 DO4	OTHER:							
	27. MANNER OF DEATH	28a. DATE OF		28b, TIM		-	sidenca					
2	1 Natural 5 Pending	(Month, De			URY	NJURY AT WORK?	. [28d. OEŞCRI	BE HOW I	NJURY OCC	URED	
20	2 Accident Investigation					YES 2	NO					
COMPLETED	3 Suicide 6 Could not be determined	28a. PLACE Of building,	F INJURY — At he etc. (Specify)	ome, farm, e	straet, factory, o	Hica		28f. LOCATIO City or To	N (Street a own, State)	and Number	or Rural Ro	ute Number,
ן בְּ	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge 4	auth consum	ad at the time	ate and stee-	and du	In the same of) and =		4	
5												and manner as stated.
n n	296. SINATURE AND TITLE OF CERTIFIES	1 1	w			29c. LICE	NSE NUM	IBER				Month, Day, Year)
	my his bey	hell !	VI			0.0	.M.	E		▶02.	-14-	1992
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	EM 27) (Type,	Print)							
	Morros D.	Wash			PENN	ST.	BAL	TIMOR	E , M.	ARYL	AND	21201

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DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be hied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury or other traumatic event the medical evaninar much he negitied of encountries.
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	1 - FOR STATE REGISTRAR DOLORES M.	ATE OF MARYLAI MATHEWS	DEPARTI	MENT OF H	EALTH AND M	ENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) DOLORES, Y	И		HEU		HEG. NO.	22/92 YEAR 92	3. TIME OF DEATH			
		м 2 70	yrs. lest birthday)	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 10/26/21	8. BIRTHE	RYLAND			
TOR	9a. FACILITY NAME (II not institution, give street as Union Memorial H		9		imore Cit		COUNTY OF DE	АТН			
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND			Y, TOWN OR LOCATION LTIMORE 10d. Inside city Limits? 1 🔯 Yes 2							
FUNERAL	100. STREET AND NUMBER 4421 NEWPORT AVENUE			101. ZIP CODE 109. CITIZEN OF WHAT COUN U.S.A.							
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 MAridowed 4 Divorced	13. WAS DECE If yee, spe 1 YES	NDENT OF HISPANIC city Cuben, Mexican, 2XXNO Specify:	C ORIGIN? (Specify Yea or N Puerto Rican, etc.)	lo— 14. RACE Black, Spectly WHI						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete (0-12) Coll 12th	ege (1-4 or 5+)	Give kind of work life. Do NOT use n	done during mos	N t of working	FOOD- S					
BE CON	17. FATNER'S NAME (First, Middle, Last) RAYMOND BAHR				18. MOTHER'S NAME BESSIE	E (First, Middle, Malden Surn. DREXEL	ame)				
TO	1996. INFORMANT'S NAME (Type/Print) MARY DIANE HALL (DAUGHTER) 1996. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4421 NEWPORT AVENUE BALTIMORE, MD 21211										
	20b. NETHOD OF DISPOSITION 1A: Burlai 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of NEW CAPTHEDRACE) 20b. PLACE AND DATE OF DISPOSITION (Name of NEW CAPTHEDRACE) 20c. LOCATION — City or Yowre, State 20c. LOC										
	· E.Cioi, W	# L		1630	EDMONDSON	N AVE CATOR	SVILLE	RAL HOME ,MD 21228			
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliura. List only one ceuse on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying couse given in Part I. COLORECTAL HDENOCARCINOMA DEMENTIA HISTORY OF CEREBROVAS CULAR ACCIDENT 248. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 HO 1 YES 2 NO										
PHYSICIAN:	1 YES 2 NO 1	SPIPAL: Apatient 2 - ER/Outputte		THER: / /	S Residence 8						
B	1 Accident S Pending Investigation	Ma. DATE OF INJURY (Month, Day, Bury)	265. TIME O	- won	U/Aio	ва певстије ном вили	}				
2 Suitcide S Could not be seterylined 28s. PLACE OF SEARCH M nome target sets, factory, office 28s. LOCATION Stroyr out 7 Seef, States of Sec. (Species of Seef, States)								Number			
COMPLETED	2 MEOICAL EXAMINER: On 1	o the best of my knowledg	e, death occurred and/or investigation, in	t the time, data a	nd place, and due to oth occured at the tir	the cause(e) and manner and due	to the cause(s)	and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CRATICIER 30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH	ITEM 27 / Kmg Doi		D34	952 P	Z/2	292			
1	5444 BEL	AIR R	PAD	BA	LTIM	OPE MY	, 21	206			
1	22292	FEB 2 4 19	992 Ju	ha Davidse	m-Randelle						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	ELODENCE W MILLED									2. DATE OF DEATH MONTH DAY YEAR 2. TIME OF DEATH OPEN DAY YEAR 2. SQ PM			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. le					est birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					0- 20 92		
	217-18-5122		1 M 2 X F	7.7	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year),	,	8. BIRTHPLACE (State or For Country)	
SR	9e. FACILITY NAME (# not in SINAI H					96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE MARYLAND 9c. COUNTY OF DEATH							
DIRECTOR	RESIDENCE OF DEC												
12	10a. STATE	10b. COUNTY	Y		10c, CIT	Y, TOWN						10	Id. INSIDE CITY LIMITS?
	MARYLAND					В		MORE					YES 2 NO
FUNERAL	10e. STREET AND NUMBER						10	I. ZIP COD	_				AT COUNTRY?
N	6201 PEARCE AVENUE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM					-		2121	_			.S.A.	
B	1 Never Merried 2 Married 1 Never Merried 2 Married 3 Widowed 4 Divorced FORCES? 1 YES, GIVE WAR OR DATES					14	If yes, sp	ecify Cube	ın, Maxica	HC ORIGIN? (Specify Y n, Puerto Rican, atc.)	es or No-	14. RACE — American Indian, Black, White, etc. Specify: WHITE	
	15. DEC	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATH	DN ont of worth	200	16b. KIND OF B	USINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+) life.	Do NOT u	work done se retired.)	during me	St OF WORK	'ry				
MP	8TH GRADE			НО	MEMA	KER							
8	17. FATHER'S NAME (First, M HENRY THER)									ME (First, Middle, Maide	n Sumame)		
BE										RINER			
5	19a. INFORMANT'S NAME (Type/Print) MRS. JOAN RETTALIATA									ALTIMORE,			
	20a, METHOD OF DISPOSITI 1 A Buriel 2 Crematio 4 Donation 8 Other	n 3 🗆 Rem	ovel from State	20b. PLACE A cemetery, cre NEW CA	matory or o	ther place)			Y	1	OCATION —	City or Town.	, Stata
	4 Donation 8 Other (Specify) NEW CATHEDERAL CEMETERY 21. SIGNATURE OF FUNERAL SERVICE UCENSES PUBLICATION OF THE PROPERTY O								SS OF FAC		TNC.		
11	23. PART I. Enter the di	o C.	Smi	u			4107	WIL	KENS	AVENUE-B	ALTIM	ORE. N	D. 21229
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							PF):					Onset and Beath
			u										
: MEDICAL	PART II. Other significent conditions contributing to death but not result RESPIRATORY ARREST					In the ur				PERFO	PERFORMED?		ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
A	25. WAS CASE REFERRED TO	MEDICAL					26. PI	ACE OF D	EATH /Che	ock only one)			
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Nun	₹:						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? Continue													
								e Number,					
										nd manner as eleted			
								onth, Day, Year)					
유	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CALL	DE OF DEATH AVE	1 AT (T	. Print)							- / -
	DEVETT	EW r	n.D.	SINA) H	OSP	ITA	L 8	SAL	TIMORE			
	31. DATE FILED (Month, Day,	FFR	24 1992	R'S SIGNATURE	Savids	n-pa	ndell			TIMORE			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

From I Romett

and the second

1 - FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital or attending physician.	DRECTOR: After this certificate has been signed by the attending physician and completely and completely are in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should to compare the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	JAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hospital or attending physician.	MEAL DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the fi To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Mr. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)	m	urr						2. DATE OF DEATH MONTH DA	Y .	9 ² 2	3. TIME OF DEATH
			6. AGE (in yrs. las)		IF UNDER 1	YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
	230-12-8122	2-8122 12 M 2 F 74 YRS. MONTHS DAYS HOURS MIN.					MIN.	(Menth, Day, Year)	118	Countr	"F	
	9e. FACILITY NAME (If not Institution, give stre	et and number)			9b. CITY, 1	rown c	OR LOCATIO	N OF DE			NTY OF D	P
<u>۳</u>	Jerkins mem.	1	34	رسم/ -								
5	RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY				TOWN OR							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			<	341	-			-	1.00		1 TES 2 NO
FUNERAL	3200 Benson	A.V.				101	ZIP CODE	10	14	10g. CIT	IZEN OF V	WNAT COUNTRY?
N N		12. WAS DECEDENT	EVER BULLO ARE	urp.		10.050	-	120	IIC ORIGIN? (Specify Yea	U.	1/5	
1	Never Married 2 Married	FORCES? 1 [IF YES, GIVE WA	YES 2 N	0	15	yes, sp	ecify Cuben	, Maxico	n, Puarto Rican, etc.)	or NO—		— American Indian, t, White, etc.
B	3 Wildowed 4 Divorced	IF TES, GIVE WA	IN ON DAIES		'	TES	2 NO	Specify	<i>Y</i> :		Nes	EL D
ETED	15. DECEDENT'S EDUCA (Specify quiy-highest grade co		16a. DEG	CEDENT'S U	JSUAL OCC	CUPATIO	ON asl of working		18b. KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIfa.	Do NOT use	retired.)	ang mo	ar or working		-	_		
COMPL			lan	AU	7							
8	17. FATHER'S NAME (First, Middle, Last)	- 4 - 1					- 7	6	ME (First, Middle, Melden		./	
BE	RICHARD INV	CANALY					KO			nce		
2	190. INFORMANT'S NAME (Type/Print)	iles	19b	MAILING	ADDRESS	Street a	and Number	or Rural I	Route Number, City or Town	, State, Zi	o Code)	61105
	110001000			×, 0/	0 \$	50	RYE	14	C BAR	0 11	20!	JIII.
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remov	rei from State	20b. PLACE (ice)		e of cer	netéry, creme	itory or	20c. LO	CATION -	City or To	wn, State
	4 Donation 5 Other (Specify) HILBUA U-S MCM AT BUTUS MCC 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	X > Betts Funcant Home 1 1129N. CANOLONE St.											
	x Detas Myn	can-1	Home	1	1	1	129	1.	CARO,	In	23	67. 6
	23. PART I. Enter the diseases, or co ahock, or heart failure. Li	implicatione that let only one caus	ceused the de	ath. Do no	ot enter t	he mo	de of dylr	g, auc	h as cardlec or reapi	ratory ar	теat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final		c 1	1		-	9.			Onset and Death		
	disease or condition	card	w	_ (1	h Tan	cu	~			less Than 1 h		
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, Due to (or as a donseouence of): Due to (or as a donseouence of):								manyears			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	m 0	On way of double	DUENCE OF):							
유	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSEC	UENCE OF):							
E	resulting in death) LAST	Deals	elecm	elli	NS							
빙												
A P	PART II. Other aignificant conditions					lariyin	g cause g	iven in	Part I. 24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL	It/o Cereb	royasc	Mar	acc	i d	en	(1 _ YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
ME												1 TES 2 NO
ä												
PHYSICIAN:		HOSPITAL:			OTHER	_	LACE OF DE	ATH (Ch	eck only one)			
ΙΥS	1 YES 2 NO	1 Inpatient 2				_		Idence	6 Other (Specify)			
	1 Natural 5 Pending	28a. DATE OF I		28b. TIME INJU		WC	URY AT ORK? YES 2	NO	28d. DESCRIBE HOW I	NJURY OC	CUREO	
B∀	2 Accident Investigation							NO	28f. LOCATION (Street s	and Mumba	e or Church	Dordo Mumbos
	3 Suicide 8 Could not be 4 Homicide determined	building, e	Ac. (Specify)	, 101111, 01	ireat, meto	ty, othe			City or Town, State)	ind reamou	W OF FIGHT	oute Number,
COMPLET	29a. CERTIFIER											
MP	(Check only one) 2 MEDICAL EXAMINER								to the cause(a) and mer			
8		. On the besie of sa	animation sharor r	investigation	i, ai my op	пиоп, с						
띪	266 BIGHATURE AND TITLE OF CERTIFIER	Min	MA				29c. LICE	NSE NUI	MBER	29d, DA	TE SIGNED	Mogth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLS	E DE DEATH (TT	4 AD (%-	(Palmet)		175	01	82		100	170
		SSEL	M C	21) (Npa,	77 (1	2	A	e BALT M	0	717	2.0
	31. DATE FILED (Month, Day, Year)		S SIGNATURE) 5.	120	17	ensur	14	E IJALI M	ソ	212	78
	FFR 24 1992	wie David	son-frende	22								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

and the second

N 448 9112

director, the attending physician and completely filled in by the funeral Mental Hygiene prior to burial, cremation, or removal. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within has been signed by Dept. of Health and the State L TO THE FOOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, or

OF VITAL RECORDS, P.O.

DIVISION

other

04948 Items: 11,19a,per F.H. G-685 3/25/92 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9.09 YEAR MAMMANA 92 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Easton, 1XXM 2 | F YRS. 200-12-4971 18 FEB 1925 Penna. 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH So. MND BY FUNERAL DIRECTOR EONGL RESIDENCE OF DE 10c. CITY, TOWN OR LOCATION INSIDE CITY Ft. Washington Maryland Prince George's 1 TYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9118 Friar Road 20744 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yea, specify Cuben, Mexican, Puerlo Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Warried If yes, specify Cuben, 1 ☐ YES 2 🔯 NO Specify: Specify: 3 Widowed 4 Divorced WW II White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Food Service and Sanitation Elementary/Secondary (0-12) College (1-4 or 5+) 4 Manager notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Dominico Mammana Mary Sacchetti BE June K Manmana 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9118 Friar Road, Ft Washington, MD 20744 2 20s. METHOD OF DISPOSITION

t\(^{\text{L}}\) Buriel 2 \(^{\text{Cormation}}\) Cremation 3 \(^{\text{Removal from State}}\)

4 \(^{\text{Donation}}\) Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must tery, cremetory or other place)

Philip & St James Cem | 1992 St. Phillipsburg, NJ examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE #M00690 22. NAME AND ADDRESS OF FACILITY Doyle Funeral Home 08865 oward 531-35 South Main St., Phillipsburg, NJ cn medical 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiretory errest, Approximata shock, or heart failure. List pnly one cause on each line. Interval Between IMMEDIATE CAUSE (Final the **Onset and Death** disesse or condition resulting in death) event, traumatic MEDICAL CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 10 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 2 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 N Inpatient 2 □ ER/Outpatient 3 □ DOA ng Home 5 - Residence 6 - Other (Specify) 5 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1XX Natural 5 Pending BY 2 Accident Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HEGISTAAN'S SIGNATURE 31. DATE FILED (Month, Day, Year) - 1 Julia Davidson

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piacs, and due to the cause(s) and manner as stated.

1X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(a) and manner ea stated.

BE 2 29a. CERTIFIER

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL

|--|

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	MENT OF H	EALTH AND M				
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	Weam	3. TIME OF DEATH					
		HENRY C. MCCUMBIE 1.135 at a supervision of the control of the co							
	237 30 7333	Λ 00		CITY TOWN C	B LOCATION OF DEA				
OR	JOHNS HOPKINS H								
EC	SECRETARY NAME (PEN MANUELLA TO DEPARTMENT OF HEALTH AND MEANIER AND MEANIEL MITTERS.) SECRETARY NAME (PEN MANUELLA TO DEATH HENRY C. MCCUMBIE 4. DOOL SECONT OF MEANIEL AND CONTROL	10d INSIDE CITY							
8	Maryland Baltin	nore	Hale	ethorpe	9			LIMITS?	
RAL				- 25			10g. CITIZEN OF V	VHAT COUNTRY?	
TODOUR COUNTY MANNER (FIRST MODE, Lase) RENRY C. MCCUMBIE RENRY C. M									
	1 Never Merried 2 X Married	REPORT OF DEATH HENRY C, MCCIMBLE 177 NUMBER 188	c, White, etc.						
ED	15. DECEDENT'S EDUCATION (Specify only highest grade com								
E	1. SECONDAY SMARE (Park MASS), Law 1 HENRY C. MCCUMBIE 1. SECONDAY SMARE (Park MASS), LAW 1 HENRY C. MCCUMBIE 1. SECONDAY								
OMP		1	Ineman						
CC		9					urneme)		
		11	9b. MAILING AO	ORESS (Street a			Statu, Zip Code)		
Ĭ									
	1X Buriel 2 Cremetion 3 Removal	from State cemetery, or Meach	ematory or other	place) Momor	meol rial 2/			,	
		Tiedd	n .	22. NAME AN	D ADDRESS OF FACE	LITY		yland	
	JP71	Lend		Ambros	e Funera	l Home, In	C.	MA 21227	
	23. PART I. Enter the diseases, or com	plicetions that caused the d	aath. Do not	anter tha mod	da of dying, auch	as cardiac or respire	itory arrest,		
	IMMEDIATE CAUSE (Finel		20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, grantory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, grantory or other place) MeadOwridge Memorial 2/26/92 Dorsey, Maryland 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, Inc. 1328 SUlphur Spring Rd. Arbutus, Md. 21227 Approximate interval Between Onset and Death Orac A Consequence of): Approximate interval Between Onset and Death Orac A Consequence of): Failure (OR AS A CONSEQUENCE OF): Mother Dy (OR AS A CONSEQUENCE OF):						
N								Inouth	
ATIC	If any, leading to immediate	20b. PLACE AND DATE OF DISPOSITION/Name of commetery, gramatory or other place) Meadowridge Memorial 2/26/92 Dorsey, Maryland 22c. Location — city or Town, State Dorsey, Maryland 22c. Name and address of Facility Ambrose Funeral Home, Inc. 1328 Sulphur Spring Rd. Arbutus, Md. 21227 Approximate Interval Between Onest and Dorse of Constant of Constan							
FIC		DUE TO (OR AS A CONSE	QUENCE OF):				'	2 mrsks	
ERT	resulting in deeth) LAST	myelo dysp	lastic	Synd	rome			3 months	
	PART II. Other algnificent conditions co	ontributing to death but not	resulting in ti	he underlying	ceuse given in P	art I. 24a. WAS AN A	UTOPSY 24b.	WERE AUTOPSY FINDINGS	
DIC/						PERFORM	ED?	COMPLETION OF CAUSE	
ME						_ ``			
AN	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF BEATH (Ch				
SIC	EXAMINER?			THER:					
	27. MANNER OF DEATN 1 Netural 5 Pending	28s. OATE OF INJURY	28b. TIME OI	28c. INJU WOI	JRY AT		IURY OCCURED		
60	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, term, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, building set (Specific)								
E	DO- CONTINUE A								
SOMP	(Check only one) 2 MEDICAL EXAMINER: Or	n the basis of examination end/or	investigation, in	my opinion, de	and place, and due to ath occured at the til	o the cause(s) and manne me, date and place, and	er as stated. due to the cause(s)	and menner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Moqth, Day, Year)								
		MPLETEO CAUSE OF DEATH HYE	M 27) (Time Prin	r()	2. Date of Beath 2. Date of				
	Morgaret D.	ivish m) 5	10 we		John	s thaking	thanta	,	
		32. REGISTRAR'S SIGNATURE	nde 80	,,,,,,	-0.111		- CALLA	1	
	LED 6 = 1995	June murason-10							



	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dent. of Health and Mental Hydiene prior to burial, cremation, or removal.	
	1, 2, 3	
	Pages 1	
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9 age	directo	
eath. F	funeral	•
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hours	led in	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	etely fil	
nted wi	comple	
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B ISW	has be Dept.	
AN: Th	ifficate State	
HYSICI	his cer	
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AL DR	AL DIRECTO	
10SPIT	Within 7	
ш	H D	1

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF HE		ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last,	E. Mart	indale			AY YEA	C 10 D		
	4. SOCIAL SECURITY NUMBER 216-34-8861	5. SEX 1 M 2 F 6. AGE (In yrs. lea	A	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.18	IRTNPLACE (State or Foreign ountry)		
OR	St. AGNES	Hosoital	9b. CITY, TOWN OR	LOCATION OF DEA		9c. COUNTY (OF OEATN		
DIRECTOR	10a. STATE 10b. COUN	TY	10c. CITY TOWN OR LOCATIO	ON CO CO			10d. INSIDE CITY		
	100. STREET AND NUMBER	· IV	10t.	ZIP CODE	2	10g. CITIZEN	1 YES 2 NO		
FUNERAL	11. MARITAL STATUS 1 Nover Married 2 Married	12. WAS DECEDENT EVER IN U.S. AS FORCES? 1 YES 2		NDENT OF NISPANIC offy Cyben, Mexican,	ORIGIN? (Specify Yer Puerto Rican, etc.)	or No- 14. 5	AACE — American Indian, Black, White, atc.		
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 🗆 YES 2	NO Specify:			White		
COMPLETED	(Specify only highest grad	fe completed) (G	ECEDENT'S USUAL OCCUPATION Sive kind of work done during most b. Do NOT use retired.) OME_MAKE	of working	16b. KIND OF BU	SINESS/INDUSTF	TY .		
	17. FATHER'S NAME (First, Middle, Last)	110/			E (First, Middle, Meiden	Surneme)			
TO BE	190, INFORMANT'S NAME (Type/Print)	0-2:1:110	b. MAILING ADDRESS (Street and	1	ute Number, City or Tow	n, State, Zip Code	·		
	20a. METNOD OF DISPOSITION 1 is Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)		AND DATE OF DISPOSITION (Name ametery of other place)	NY HUR	OATE 20c. LO	CATION — City of	21227 or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE -1/1/1	en PACK LEC 20 NAME AND DOL) N	ADDRESS OF FACI	m) ebes	F.H.	MCI.		
\vdash	23. PART I. Enter the diseases, Dr	Complications that caused the de	531	Edm	ond Sc	n A	Approximats		
	IMMEDIATE CAUSE (Final disease or condition	. List only one cause on each line	8.	o o, a,g, oao	ee outdied of toop	matory strest,	Interval Between Onset and Death		
	resulting in death)	DUE TO (OR AS A CONSECULAR Section)	OUENCE OF):						
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	OUENCE OF):						
RTIFIC	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST CAUSE (Disease or Injury that Initiated events are under the consequence of):								
4 A	PART II. Other significant condition	ns contributing to death but not r	resulting in the underlying	cause given in Pr	art I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC					1 YES 2	P □ NO	COMPLETION OF CAUSE OF DEATH? 1 PES 2 NO		
HAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLA	CE OF DEATH (Check	k only one)				
ETED BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3							
	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY WORI	TY AT 2	ted. DESCRIBE HOW I	NJURY OCCURE			
	3 Suicide a Could not be 4 Homicide determined	28a. PLACE OF INJURY — At ho building, atc. (Specify)	ome, farm, street, factory, office	2	Ref. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,		
OMPLE		SICIAN: To the best of my knowledge, de ER: On the basis of examination and/or i					se(s) and manner as stated.		
띪	29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NUMB			NEO (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WITH			losp			, , —		
	31. DATE FILEO (Morith, Day, Year) FFR 2 4 1992	32. REGISTRAR'S SIGNATURE	16)						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 20	0 .	01	7	10
1.	FOR	=			

	REGISTRAR		CI	RTIFIC	ATE OF	DEATH	REG. NO).		
Ĭ	1. DECEDENT'S NAME (First, Middle, La	st)					2. DATE OF DEATH	MY YI	3. TIME OF DEA	ATH
	Helen		Ε.			rphy	02 19			Ţ
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	1	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or F. Country)	Fore
	220-07-7532	1 🗆 M 2 🗷 F	78	YRS.			12/28/		Md.	
~	9a. FACILITY NAME (If not institution, gi	ve street and number)		90	city, town	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
CTOR	10 N. Linwood	Avenue			Ba1	timore				
E C	RESIDENCE OF DECEDENT 10a. STATE 10b. COU			10c. CITY, T	OWN OR LOCA	TION			10d. INSIDE CIT	TV.
DIRE	Md.								LIMITS?	
	10e. STREET AND NUMBER			l Da.		re City		10g, CITIZEN	OF WHAT COUNTRY?	
ERAL	10 N. Linwood	Δνο				21224			5 . A .	
FUNE	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS DE		NIC ORIGIN? (Specify Ye		RACE - American Ind	dlan.
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 N	10	If yes, s		an, Puerto Rican, atc.)	- Carrier 1	Black, White, etc. Specify:	-
BY	3 Widowed 4 Divorced						,		Cauc.	
ETED	15. DECEDENT'S E (Specify only highest gr		(G	ive kind of work	UAL OCCUPATE	ON ost of working	16b. KIND OF BL	ISINESS/INDUST	TRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5 -	+) life.	Do NOT use re	etired.)					
COMPL	Unk.	Unk.	I	louser	wife					
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle, Maider	Sumame)	•	
8	Frank Sigwart						Unknown			
9	19a. INFORMANT'S NAME (Type/Print)		1				Route Number, City or Tox			
	Michael Murph	У	10				Baltimo			
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 R	amoval from State	cemetery, cre	matory or other	DISPOSITION (N. place)			OCATION — City	111-5	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE	Licenser	St	John	n's Ce	em.	2/22 E1	licott	City, N	Mc
	21. SIGNATURE OF FUNERAL BEHVICE	20/1	/	0	B. Da	Drowsk	1 & Son	F.H.	21224	
	2818 E. Baltimore St, Baltimore, Mo									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
ERTIF	that initiated eventa resulting in death) LAST	d	(OR AS A CONSEC	QUENCE OF):						
	PART ii. Other aignificant condit	iona contributing to	deeth but not n	esulting in t	he underlyln	a cause given in	Part I. 24s. WAS AF	ALITOPEV	24b. WERE AUTOPSY F	ENG
EDICAL	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I							RMED?	AVAILABLE PRIOR	R TO
							1 🗆 YES	2 NO	OF DEATH?	
W ::					-		-		1 [] YES 2 []	NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. P	ACE OF OEATH (C)	eck only one)			_
SICIAN:	EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpatiant 3	DOA O	THER:		a Other (Specify)			_
РНУ	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME O	F 28c. IN.	URY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	_
	Natural 5 Pending	(Month, D	wy, rear)	INJURY		YES 2 NO				
D BY	3 Suicide 8 Could not be 28a. PLACE OF INJURY — All home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number							Rural Route Number,	_	
Ĕ	4 Homicide determined		atc. (Specify)				City or Town, State)		
7	290. CERTIFIER 1 CERTIFYING PH	VSICIAN: To the heat of	my knowledge de	eth occurred -	t the time des	and place and d	to the cause(s) and ma			_
3)							time, data and place, a		suss(s) and manner	et et
8	295. SIGNATURE AND TITLE OF CERTIF	_	242214		., ., ., .,					
BE	A CAMPINE OF CAMPI	Show	_/			29c. LICENSE NUI	MBER	29d. DATE SI	GNEO (Month, Day, Year))
0	30. NAME AND APPRESS OF PERSON	WHO COMPLETED CAUS	SE OF DEATH ATE	4 27) (1 0	met)	O.C.M	.E.	02 2	20 1992	
	A A/	1	OF DEATH (ITE							
JI.	31. DATE FILED (Month. Day, Year)	32 REGISTRA	R'S SIGNATURE	1 Per	n Sti	reet, B	altimore	Maryl	and 2120	0.1
	31. DATE FILED (Month, Day, Year) FEB 2 4 1992	32. REGISTBA	R'S SIGNATURE	1 Per	in Sti	reet, B	altimore	Maryl	land 2120	0.1

BALTIMORE, MARYLAND 21215-0020

	Once
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	notified
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	must
11.	shows any injury, or other traumatic event, the medical examiner must be notified at once
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 of Health and Mental Hygiene prior to bunial, cremation, or removal. 	vent. the
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of Heal	Shows
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•	REGISTRAR					CE	FRTIFICA	TF O	F DEAT	TH	DEC NO
	FOR STATE			STATE O	F MAR	YLAND /	DEPARTME	NT OF	HEALTH	AND MENTA	HYGIENE
	Item 2	3 P	art I	,27	per	MEO	G-685	3/1	2/92	gn	

6	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.						
9	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH				
l i	Cvnthia	v	Murr		2 2.0	9 2					
1	4. SOCIAL SECURITY NUMBER			E UNDER 1 YEAR IF UNDER 24 HRS		-	3:03 P.M				
	205-50-3207	1 M 2 F		INTHE DAYS HOURS MIN	Aldrest Co. March	Cou	RTHPLACE (State or Foreign untry)				
3	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN OR LOCATION OF		9c. COUNTY OF					
DIRECTOR	127 W. Lafay	ette Ave.		Baltimore	City						
2	RESIDENCE OF DECEDENT						_				
R				TOWN OR LOCATION			10d. INSIDE CITY LIMITS?				
	Maryland Cit	y	Ba	ltimore			1 X YES 2 NO				
AL	10a. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?				
EH	127 W. Lafayette	St.		21217		u.s.	Δ				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT ET	VER IN U.S. ARMED	13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Year	or No- 14. R/	ACE - American Indian.				
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [] IF YES, GIVE WAR		If yes, specify Cuben, Men 1 TES 2 NO Spe	ican, Puerto Rican, etc.)		lock, White, etc. pocity: Black				
	15. DECEDENT'S ED (Specify only highest gra-	UCATION de completed)	16a. DECEDENT'S U	SUAL OCCUPATION of done during most of working	16b. KIND OF BUSH	I NESS/INOUSTRY					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during most of working retired.)							
ME	17. FATHER'S NAME (First, Middle, Last)	44	rresider	it's Asst.			2				
		Maria		1	NAME (First, Middle, Maiden S						
BE		Murray			Harriett Ja	ne Wrai	4				
10	19a. INFORMANT'S NAME (Type/Print)			DORESS (Street and Number or Ru							
-	Gwendolyn L. Murr	ay	2303 0	Vheatley Dr	Baltimore.	MD.	21207				
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re	mount from State	20b. PLACE AND DATE OF	DISPOSITION (Name of	OATE 20c. LOC	ATION — City or	Town, State				
111	4 Donation 5 Other (Specify)	movar from State	North Ceme	teru	2/24 Bu	itlon.	PA				
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE)	0 /	22. NAME AND ADDRESS OF	FACILITY						
	> A Jugard	1. 4.	acid/	ROBERT C. AL	TENBURG FUNE	RAL HON	ME, INC.				
	23. PART I. Enter the diseases, ahock, or heart fellule	1 rue	caus	6009 Harbord	Rd. Balti	more	MD 21214				
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Fatty DUE TO (OR	liver AS A CONSEQUENCE OF)				Onset and Death				
TION	Sequentially list conditions, if any, leading to immediate	b	AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CDUE TO (OR	AS A CONSEQUENCE OF):								
H	Total III and III and III	d									
	PART II. Other algnificant condition	ons contributing to de-	eth but not resulting in	the underlying ceuse given	in Part I. 24s. WAS AN A	LITOPSY 2	4b. WERE AUTOPSY FINDINGS				
DICAL	- 111				PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
					1 0 YES 2	□ NO	OF DEATH?				
M							1 YES 2 NO				
Z											
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	Check only one)						
Z	1 X YES 2 NO	1 Inpatient 2 EF		OTHER: □ Nursing Home 5\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	e 6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJ (Month, Day,)	URY 28b, TIME INJU	OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW IN.	JURY OCCURED					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF IN	JURY — Al home, farm, str (Specify)		28f. LOCATION (Street an City or Town, State)	d Number or Run	al Route Number,				
ET											
7	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	knowledge, death occurred	at the time, date and piece, and o	lue to the cause(a) and mann	er as stated.					
COMPLET				In my opinion, death occured at t			e(a) end manner as stated.				
	296. SIGNATURE AND TITLE OF CERTIFI										
BE	VOLITA	Mole		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
2	20. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALLET	OF DEATH (ITEM 27) (Type, F	O.C.M.E. 2-21-92							
	HARLONAM	n. Kosoc									
	THE CHAPTER STATE OF THE STATE		111 Pe	nn Street. I	Baltimore.	Maryl	and 21201				
	FEB 2 4 1992	Julia Davidson	SIGNATURE								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

256in 25

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one.

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	0)		LATI	ICATE C	71 .	CLAIN	2. DATE OF OEA	. NO.		3. TIME OF OEATH	
	Herman	E		Ned	d			MONTH	DAY 12	YEAR	10:45 A.M	
	4. SOCIAL SECURITY NUMBER 214–64–5279	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YE		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye 3-22-1	H (ar)	-	HPLACE (State or Foreign	
DIRECTOR	St. Agnes RESIDENCE OF DECEMENT	Hospita					more C	EATH		UNTY OF	DEATH	
	Md 100. STATE	ITY			timore					A THE	10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4226 Flowerton					21	229			U S A	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes	s, speci	MOENT OF HISPAN Ity Cuben, Mexica NO Specify	IIC ORIGIN? (Speci n, Puerto Rican, et /:	ty Yea or No c.)	14. RAC Blac Spec	E — American Indian, ck, White, etc.	
COMPLETED	15. DECEOENT'S ED (Specify only highest gre Elementary/Secondary (0-12) 12th	OUCATION de completed) College (1-4 or 5 +	- 4	DECEDENT'S (Give kind of the Do NOT u	USUAL OCCUP work done during se retired.)	PATION g most	of working	16b. KIND O	F BUSINESS/IN	DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Henry Nedd						Gladys M					
10	190. INFORMANT'S NAME (Type/Print) Gladys Nedd		1	4226	Flowerto	on R	Number or Rural F oad Balt	imore, Md	21229	ip Code)		
	20e METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3 Re 4 Donation 5 Other (Specify)		E AND DATE	PTaTelPar	N (Name	e of	21892 L	aurel, M	City or To	own, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 122. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue											
	23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d											
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. Alcoholism 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				. PLAC	E OF DEATH (Che	ck only one)				
YSI	1 X YES 2 NO	1 Inpetient 2X		3 DOA	OTHER: 4 Nursing i	Home	5 🗆 Residence	8 Other (Specify,)			
ву Рн	27. MANNER OF DEATH 1) Netural 5 Pending 2 Accident Investigation		y, Year)		M 1 [28d. DESCRIBE H	OW INJURY OC	CURED		
ETED	3 Suicide 8 Could not be detarmined	28e. PLACE OF building, a	INJURY — At h	ome, farm, s	treet, factory, o	offica		28f. LOCATION (St City or Town, S	reet and Numbe State)	r or Rural F	Route Number,	
COMPLETED	2 MEDICAL EXAMIN	the second of the second	my knowledge, d amination and/or	leath occurre	nd at the time, o	data an n, deat	d place, and due	to the cause(a) and time, date and plac	I menner ae ata e, end dua to ti	ted. he cause(s	i) and manner se stated.	
TO BE	29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)											
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSI	MA O -									
	31. DATE FILEO (Month, Day, Year) FFR 2 4 1000	32. REGISTRAR	'S SIGNATURE	1.1 P	enn Si	re	et, Ba	ltimor	e, Ma	ryl:	and	

OHMH-16 Bay 1/80

Land to the state of the state

The same said.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	1. DECEDENT'S NAME (2. DATE MONTH	1 18	5° (YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY N		5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreig
	212-20-9	289	1 - M 2 X F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	2 (Month	2 1	916	Counti	(d •
H.	9a. FACILITY NAME (II r	ot institution, give						OR LOCATI				9c. COUN		
DIRECTOR	RESIDENCE OF I				1 100 0/71	Y, TOWN O				-				10d. INSIDE CITY
Ĕ		IOU. COOK	"		IUC. CITT			more						LIMITS?
	MD 10e. STREET AND NUM	BER	-		-	DQ.		ZIP COD				10g. CITIZ	ZEN OF Y	VHAT COUNTRY?
	3311 E.	Balto	St.					21	1224			U	. S	. A.
BY FUNEHAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4	☐ Merried	12. WAS DECEDE FORCES?	INT EVER IN U.S. AI 1 YES 2 WAR OR DATES		1	f yes, sp	ecify Cubi	ın, Mexton	n, Puerto f	i? (Specify Ye Rican, etc.)	s or No—	Spec	— American Indien, k, Whita, etc. #y: 1 te
급		DECEDENT'S ED			ECEDENT'S Give kind of w				07	16b.	KIND OF BU	SINESS/INDI		
COMPLETED	Elementary/Seconds	T	College (1-4 or 5	5 +) #A	mema	e retired.)	runing mo	st or works	ny					
Š	17. FATHER'S NAME (Fir							18. MOT	HER'S NA	ME (First, A	Middle, Maider	Sumame)		
BE	Willia		arles E	Bodine					linn		F.	Leo		d
2	19a, INFORMANT'S NAM			15							ber, City or Tox			
	20e. METHOD OF DISP	ichols		20b PLAC	331 E AND DATE	1 E			mor	e St		LVO -		21224 wn. State
	1 W Burlal 2 V Cren 4 Donation 5 D	netton 3 🗆 Re	moval from State		y, crematory		lace)			2/2				le. Md.
	21. SIGNATURE OF FUN		LICENSEE	11	-	22.	NAME AF	ND ADDRE		CILITY				
	De A	+ (mail	111111		100	onne	STTA	Fu	nera	it Ho	me o	1 D	undalk 1222
	23. PART I. Enter the shock, immediate cause disease or condition resulting in deeth)	or heert fallun (Finel	s. Card		rast	not enter								Approxims
RTIFICATION	shock, of immediate cause disease or condition	or heart failure (Finel n moditions, medieta RLYING injury	s. Cardoniy one ca	ear ar	EQUENCE OF	L File L File File								Approximate Interval Bet
	shock, of IMMEDIATE CAUSE disease or condition resulting in deeth) Sequentielty liet confrant, leading to incause. Enter UNDE CAUSE (Disease or that initiated events)	or heert failure (Finel n moditions, moditions, injury is LAST	b. Liet only one ca	10 (OR AS A CONSE	EQUENCE OF	Files	the mo	de of dy	ring, auc	h as cerc	flac or resp	n AUTOPSY	est,	Approximate interval Bet Onset and I
	shock, IMMEDIATE CAUSE disease or conditio resulting in deeth) Sequentielly liet co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death)	or heert failure (Finel n moditions, moditions, injury is LAST	b. Liet only one ca	10 (OR AS A CONSE	EQUENCE OF	Files	the mo	de of dy	ring, auc	h as cerc	flac or resp	N AUTOPSY RMED?	est,	Approximate interval Bette Onset and I
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AN:	shock, IMMEDIATE CAUSE disease or condition resulting in deeth) Sequentielly life to oil any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMINER?	or heert failure (Finel n moditions, medieta RLYING injury LAST Ifficant condition	b. Liet only one case. S. DUE TO DUE	O (OR AS A CONSE	EQUENCE OF	Pilling File	the mo	g cause	given in	Part I.	24a. WAS ALPERFO	N AUTOPSY RMED?	est,	Approximate interval Bette Onset and E Ons
AN: MEDICAL	shock, IMMEDIATE CAUSE disease or conditio resulting in deeth) Sequentielly liet co If any, leading to in cause, Enter UNDE CAUSE (Disease or that initiated eventr resulting in death) PART II. Other sign	or heert failure (Finel n moditions, medieta RLYING injury LAST Ifficant condition	b. Liet only one case. B. Liet only one case. B. Liet only one case. B. Liet only one case. DUE TO DUE	TO (OR AS A CONSE	EQUENCE OF PROPERTY OF THE PRO	F): In the un OTHER 4 □ Num E OF	the mo	g cause	given in	Part I.	24a. WAS ALPERFO	N AUTOPSY PRIMED? 2 ☑ 110	241	Approximate interval Bette Onset and I
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COMPLETED BY PHYSICIAN: MEDICAL	shock, iMMEDIATE CAUSE disease or condition resulting in deeth) Sequentielly lifet conframe, leading to incause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERE EXAMINER? 1 Yes 2 NAVINER? 27. MANNER OF DEATH 1 Natural 2 Accident 3 Sulcide 4 Homicide 29a. CERTIFIER (Check only one) 2	rheert fallure (Finel n Inditions, Indition	b. Liet only one case. B. Liet only one case. B. Liet only one case. B. Liet only one case. DUE To the case. DUE To the best of the case. Case. PLACE (Month, and the case.) Case. PLACE building the case. Case. PLACE (Month, and the case.) Case. PLACE building the case. Case. PLACE (Month, and the case.)	to death but not DEFLOUTPATHENT Day, Year) Of INJURY — At high etc. (Specify)	EQUENCE OF EQUENCE OF	OTHER	26. Place saling Home 28c. IN. whose story, office time, date	g cause LACE OF 1 ne 5 RIURY AT DRK? YES 2 e and place death occur	given in DEATH (Ch tesidence NO	Part I. Part I. S Other 28d. Det	24a. WAS AL PERFO 1 YES 10 YES 24TION (Street or Town, Steh	N AUTOPSY RIMED? 2 PM6 INJURY OCC	24l	Approximatinterval Bet Onset and I Onset a
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

x 7d 2 2 1911 13.

entrinore

3311 E. Halto, St. 21224

22.44

William Charles Bodine | Minnie | F. Leonard

Нопемакет

Joann Michels 3511 E. Baltimore St. Balyo, bn. 21224

Metro Crematory 2/22 Cutonaville, 24.

Dominelly Funeral Home of Jungalk 7110 Sollers Point Rose E1222

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)		OLIVIIII	CALE OF	DEATH	F	EG. NO.		
	BERNADE	TTE (M.) PATTE	RSON	2. DATE OF MONTH		YEAR	3. TIME OF DEATH
BERNEDETTE PATTE		•			FERRU	ARY 19	1992	2:45
220-30-4090	1 🗆 M 2 💢 F	(In yrs. lest birthday) _	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, De 6-28-	nc Year)	8. BIRTI Count	NPLACE (State or Foreign) MD
90. FACILITY NAME (If not institution, give street THE JOHNS HOPKINS RESIDENCE OF DECEDENT			BALTI	MORE	ATH		LTIMO	RE CITY
10e. STATE 10b. COUNTY			ALTIMORI					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 1116 N. CALVERT S	TREET THI	RD FL. (21202		10g. C	U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEOENT EVER I FDRCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Maxicai 2 X NO Specify	n, Puarto Ricar	pecify Yea or No- n, etc.)	Blec	E — American Indien, k, White, etc. BLACK
15. DECEDENT'S EDUCAT (Specify only highest grade co	FIDN mpleted) College (1-4 or 5+)	life. Do NOT use	ork done during me	DN st of working	16b, KIN	D OF BUSINESS/		
17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAI)	
ALPHONSUS A. COOP!	LK	19b. MAILING	AOORESS (Street a	BEATRIC nd Number or Rural F	Poute Number, C	City or Town, State.	Zip Code)	
.CATHERINE V. PATTI		1115 N	. CALVE	RT STREE	T/BALT	IMORE,	MD 21	
4 Donation 5 Other (Specify)	of from State cen	ARRISON F			RY	OWINGS		
21. SIGNATURE OF FUNERAL SERVICE LICEN	O C			MARCH F.		1 E. NO	RTH A	VENUE
Sequentially list conditions,	CEREBI	CRANIAL CONSEQUENCE OF	AR					2 da
If any, leading to immediate cluse. Enter UNDERLYING CAUSE (Disease or Injury that initiated avanta rebuilting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	:					
CAUSE (Disease or Injury that initiated avanta rebuilting in death) LAST	contributing to death b			g cause given in i	Part I. 24a	WAS AN AUTOPS PERFORMED?	Y 24b	WERE AUTOPSY FINDI
Cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated avanta rebuiting in death) LAST	contributing to death b			g cause given in i			Y 24b	AVAILABLE PRIOR TO
Cause, Entar UNDERLYING CAUSE (Disease or Injury that initiated aventa rebuilting in death) LAST BART II. Other algnificant conditions HYPERTENSION DIABETES 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death b	out not resulting in	28. PL	ACE OF OEATN (Che	1 [PERFORMED? YES 2 NO	Y 24b	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa rebuiting in death) LAST C. C. C. C. C. C. C. C. C. C	OSPITAL: OSPITAL: ER/Outp 26- OATE OF INJURY (Month, Day, Year)	out not resulting in	28. PL OTHER: 4 Nursing Hom OF 28c. INJ MY WO 1 1	ACE OF OEATN (Che 5	nck only one) 6 Other (Sp	PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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Cause, Entar UNDERLYING CAUSE (Disease or Injury that initiated aventa rebuilting in death) LAST PART II. Other algnificant conditions HYPERTENSIO DIABETES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	CONTRIBUTION TO DESCRIPTION OF THE PROPERTY OF	petiant 3 DOA 29b. TIME INJU — At home, farm, strify)	28. PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO 1 1	ACE OF OEATN (Che 5 Residence URY AT RK? (ES 2 NO	ack only one) 6 Other (Sp. 28d. DESCRIE 28t. LOCATION City or To	PERFORMED? YES 2 NO Pecify) DE NOW INJURY CO N (Street and Number) N (Street and Number)	OCCUREO Der or Rural F	AMALABLE PRIOR TO COMPLETION OF CAU DE DE DE DE DE DE DE DE DE DE DE DE DE
Cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa rebulting in death) LAST PART II. Other significant conditions HYPERTENSIO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 1 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER M. CESSIGNATURE AND TITLE OF CERTIFIER	CONTRIBUTING to death by CLUTUS COSPITAL: Cospital: Cos	petiant 3 DOA 28b. TiME INJU	28. PI OTHER: OF Nursing Hom OF WO 1 1 v reet, tectory, office I et the time, deta , in my opinion, d	ACE OF OEATN (Che 5 Residence URY AT RK? (ES 2 NO and piece, and due seth occured at the to	1 [Specific Control of the cause(s) time, date and BER	PERFORMED? YES 2 NO Secify) DE NOW INJURY Community, State and manner as a place, and due to	DOCCUREO Der or Rural F Italiana. The cause(e) ATE SIGNEO	MAILABLE PRIOR TO COMPLETION OF CAU DP DEATH? 1 YES 2 NO Route Number, and menner as state (Month, Day, Year)
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page TO THE FUNERAL DIRECTOR. After this certificate has been signed by the afterding physician and completely filled in by the funeral direction be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or one of the providing predicts Examiner in DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMN-16 Rev 1/89

3. TIME OF DEATN

8. BIRTHPLACE (State or Foreign Country)

9c. COUNTY OF DEATH

BaltoCo

10:20 AM

Maryland

Approximate Interval Between Onaet and Death 9 mms

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t TYES 2 NO

REG. NO.

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Days Year)

2

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

rederic

-20-3342

	DIVISION OF VITAL	ONO	F VI	TAL	RECORDS, P.O. BOX 13146,	띪	S,	٣.	O. BC	×	1314	6,
TO THE HOSPITA	THE PLANT	DING PH	YSICIAN	The la	PHYSICIAN: The law requires that the death certificate be executed within	that s	the c	leath	certificate	8	executed	within

Note Marriad Marriad Marriad FORCEST 1, 12 TES 2 No I yes, specify, Coben, Markan, Partor Ricen, etc.) S. SECEION I yes & X, No Specify Note	
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190. INFORMANT'S NAME ("*pod**ind") 190. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Rwm, Stein, Zip Code 200. MTS. JOSEPhine M. Prosser 200. PLACE OF DISPOSITION (Name of camelary, camelary or cohe place) 201. SIGNATURE OF SUBSAL SERVICE LICENSEE 21. SIGNATURE OF SUBSAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home 7401 Belair Rd. Balto., Md. 2 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 100 TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERENCE OT MEDICAL 26. PLACE OF DEATH (Check only one) 27. NAMEDIATE CAUSE ("Plead") 28. PLACE OF DEATH (Check only one) 29. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 21. Name of Death ("Poorly") 22. Academic Investigation as a poorly of the part of the	ity Agend
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22. NAME AND ADDRESS OF FACILITY Lassain Funeral Home 7401 Belair Rd. Balto., Md. 2 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) Bue TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate causes. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE	Town, State
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Sulcide 6 Could not be determined 28. PLACE OF INJURY 28b. TIME OF INJURY WORK? 1 YES 2 NO 28. PLACE OF DEATH (Specify) 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY OCCURE! 1 Netural 6 Pending Investigation 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY OCCURE! 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY OCCURE! 28. INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY OCCURE! 28. INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28.	Ab. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
27. MANNER OF DEATN 1	
3 Suicide 4 Nomicide 5 Could not be datermined 29e. CERTIFIER (Check only one) 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. LICENSE NUMBER 29d. DATE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNATURE AND TITLE OF CERTIFIER	
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296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNATURE AND TITLE OF CERTIFIER	e(a) end menner ee s
	ED (Month, Day, Year) 18/92
30. NAME AND ADDRESS OF PÉRSON WNO COMPLETEO CAUSE OF DEÁTH (ITEM 27) (TYPOR, PRIME) (1/0 ST. JOSEPI+ HOSP NATIVIDAD D. DE LEON, M.D. TOWSUN, MD-2120 31. DATE-FILED (MONIN, MON. 1960) 20 PRESENTARISS SIGNATURE 9. 60	TAL,

osser

6. AGE (In yrs. last birthday)

YRS.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

Towson.

9b. CITY, TOWN OR LOCATION OF DEATH

DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	4
						MONTH		EAR	
	Shinder		Pa			02 2	1 199	92 8:00	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthda		IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTNPLACE (State or Fore	eign
- 7	220-15-8689	M2 F	YRS	MONTHS DAYS	HOURS MIN.	3-10-		Country)	
	9e. FACILITY NAME (If not institution, give st	man and all and a little and a	-					INDIA	
~	Se. PACILITY NAME (II not institution, give st	reet and number)		96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATN	
9	6600 blk. Engl:	ish Oak	Road	To	wson		Ral I	timore	
5	RESIDENCE OF DECEDENT	zon our	Noud		WOOL		Dal	LIMOLE	
DIRECTOR	10e. STATE 10b. COUNTY	1	10c. (CITY, TOWN OR LOCA	TION			10d. INSIDE CITY	
5	ma		B	ALTIM	005			LIMITS?	10
	7 70							1 YES 2 N	10
₹	10e. STREET AND NUMBER				1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
Ш	1007 1161	47 57	7		21230)	INC	DIA	
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARMED	13. WAS DE	CENDENT OF NISPA	NIC ORIGIN? (Specify Y	na oz No. 14	RACE — American Indian	_
	1 Never Married 2 Merried	FORCES? 1	YES 2 MO	If yes, sp	ecify Cuben, Mexic	an, Puerto Ricen, atc.)	14	Black, White, atc.	1,
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	1 TYES	2 NO Speci	fy:		Specify:	
								AST INDI	AN
M	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECEDENT	I'S USUAL OCCUPATE of work done during me	ON of working	16b. KIND OF B	USINESS/INDUS	TRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5+	His Da NO	use retired.)	ost or working				
4	774		CAD	DRIV	IFA	7	AXI		
2	17. FATNER'S NAME (First, Middle, Last)		1-110	2181 18					
COMPLETED	1		-		18. MOTNER'S N.	AME (First, Middle, Meide	n Sumame)		
BE	CHANCHEL		SINGH		GUR	BAX		TAUR	
	19e. INFORMANT'S NAME (Type/Print)		19b. MARI	NG ADDRESS (Street	and Number or Burnt	Brute Number City or E	num State 7/n Co.	dal	
2	AMARITIE	SIN	1011 -111	11	one reamber of rigid	Route Number, City or To	mil, Siele, Zinco	LTU. MD.	à
	CHARNJIT	3110	64 114	KOL	LING 1	BEND K	<i>U</i> .	21207	
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remo	comi form State		TE OF DISPOSITION (N			OCATION - City	or Town, State	
	4 Donation 5 Other (Specify)	DVIII ITOMI STATE	cemetery, cremetory	MOUNT	CEM	3/2 13	ALTO.	MA	
	21. SIGNATURE OF FUNERAL SERVICE AIC	ENSEE	- July Barre		ND ADDRESS OF F		7410.	1110	
		0	1 7	22.100	ADDRESS OF F	FREE	1 19.1	٧.	
	KR anik II	nales	14-1	שחע	U V.	WEBER	1 0		
	22 DADY I Season the discount	1041			IL ENI	MONUSE	W M	VE.	
	23. PART I. Enter the disease, or cahock, or heart failure.	List only one cau	caused the death. De	o not enter the mo	ode of dyling, aud	ch as cardiac or rea	piratory arreat		
- 1	IMMEDIATE CAUSE (Finel	7,710 000	ao on caen mio.					Interval Bet Onset and	
- 1	disease or condition	(11	0 1	1		1			
	resulting in death)	a. Mu	Shot	wow	3	MELO			
- 1		DUE TO	(OR AS A CONSEQUENCE	OF):					
Z	a management and a second	b.							
2	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEQUENCE	OF):					
4	cause. Enter UNDERLYING							1	
CERTIFICATION	CAUSE (Disease or Injury	C. DHE TO	OR AS A CONSEQUENCE	O.D.					
E	that initiated events resulting in death) LAST	002 10 1	OH AS A COMSCOURAGE	OF):					
1		d							
2									
7	PART II. Other algnificant condition	s contributing to	deeth but not reaultin	g in the underlyin	g cause given in		N AUTOPSY	24b. WERE AUTOPSY FINI	
MEDICAL						1 . /	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAI	
0						1 YES	2 NO	OF DEATH?	
Σ								1 YES 2 INC)
₹	25. WAS CASE REFERRED TO MEDICAL			28 P	LACE OF DEATH (CI	hack only one!			
9	EXAMINER?	HOSPITAL:	Contract of the Contract of th	OTHER:					
× S	1 YES 2 NO	1 L Inpetient 2 L	ER/Outpatient 3 DOA	4 - Nursing Hon	ne 5 🗆 Rasidence	6 IX Other (Specify) C	nstree	et	
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, Da			FURY AT ORK?	26d, DESCRIBE HOW	INJURY OCCUR	ED	
	1 Netural 5 Pending	02 2			YES 2 NO	Subject	chat		
BY		V & &	FINJURY — At home, farm			Subject			_
	3 Suicide 8 Could not be determined	building,	etc. (Specify)	n, street, ractory, offic	a .	281. LOCATION (Stree City or Town, Stet	t and Number or I a)	Rural Route Number,	
E	Thomas determined	0.1	street			6600 blk	Eng	lish Oak	Roa
7	29a. CERTIFIER 1 CERTIFYING PHYSIC			and a shall shall	and day 1			OH OHE	
A P			my knowledge, death occi						
COMPLETED	2 X MEDICAL EXAMINE	H: On the basis of ex	emination and/or investige	ition, in my opinion, o	leath occured at the	time, date end place,	end due to the ca	euse(s) and manner ea stat	ted.
	296. SIGNATURE AND JITLE OF CENTIFIER	N -			29c. LICENSE NU	MBCD	T		
H	// \	100			TAN TICEUSE UN	m ven	ZYG. DATE SH	GNED (Month, Day, Year)	
tern in	///								
	1100	NI			O.C.M	. E .	02	22 1992	
10	30, NAME AND ADDITIONS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM 27) (%)	pe, Print)	O.C.M	. E .	02	22 1992	
	30. NAME AND ADDRESS OF PERSON WHO	D COMPLETED CAUS							
	AMOX	No	111 P					22 1992 and 21201	
	31. DATE FILED (Month, posy, year) FEB 2 4 1992	No							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

× 12-12-51-558

The Walter State Shirt Shirt State

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02/01/92

92 04958

REGISTRAR				CERTIF	ICATE	OF	DEATH		REG. NO	_		
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF	DEATH	AY	WEAR	3. TIME OF DEATH
ROBERT	1	L.	REY					MONTH 02-	-21	- 9	YEAR	4:30 P M
4. SOCIAL SECURITY NUME	ER	5. SEX		n yrs. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
220-05-5816		1 M 2 D F		74 YRS.	MONTHS	DAYS	HOURS MIN.	Dec.		917	Mary	vland
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	TOWN C	OR LOCATION OF D		1/		NTY OF D	
St. Joseph's Ho	nsnital				To	wson				Rali	timore	
RESIDENCE OF DEC	EDENT				1 10	WOOT				Dai	CTIHO!	
10e. STATE	10b. COUNT			10c. Cr	TY, TOWN C	R LOCAT	TION					10d. INSIDE CITY LIMITS?
Maryland	Baltin	nore		Pi	arkvil	le						1 TES 2 XNO
10e. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
8411 Oakleigh I	Road						21234			U.	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN					ENDENT OF HISPA				14. RACE	E — American Indian, k, White, etc.
1 Never Merried 2	A .	FORCES? 1 IF YES, GIVE W	MR'OR DA	TES			ecify Cuben, Mexico 2 (NO Specific		an, etc.)		Speci	Hy:
3 Widowed 4 Dive	rced		WWI:	I							Whi	ite
15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed)		16e. DECEDENT'S	work done		ON pat of working	16b. K	IND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0)-12)	College (1-4 or 5	+)	Ille. Do NOT	use retired.)							
12				Die Make	er			In	ternat	ional	Paper	
17. FATHER'S NAME (First, M							16. MOTHER'S NA		idle, Maiden	Sumame)		
Harry N.	Rey	/					Iren	e M.	K	elly		
19e. INFORMANT'S NAME (1000000			and Number or Rural	Route Number	City or Tow	rn, State, Zi	p Code)	
Mrs. Louise N	1. Rey			same a	as #10	a - #	#10f					
20e. METHOD OF DISPOSIT		and from State		PLACE AND DA			(Name	DATE	20c. LC	CATION -	City or To	wn, State
4 Donation 5 Donat		Tom State	- M	preland M	em. Pa		2-25-	-92	Ba	ltimo	re Co.	Maryland
21. SIGNATORS OF FUNERO	Listery y	ENSEE					ND ADDRESS OF FA	ACILITY				7
* Could	11	-7:			Le	onarc	J. Ruck,	Inc.				
23. PART I, Egler the d	reist	A11			153	05_H	erford Rd	Balti	none,	Maryl	and 21	Approximate
immediate cause (Fi disease or condition resulting in death)	eert failure.	List only one cau	ise on ea	ach line.			nt fa		Sections.			Interval Between Onset and Death
Sequentially list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	diete ING ury	DUE TO	(OR AS A	CONSEQUENCE	OF):	far	ane -					
resulting in deeth) LAS	T	d										
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TAIT II. Other alginition	on condition	contributing to	deen D	at not recurring	, iii tire ui	ideriyiri	g cause given ir	rart I.		AMED?	246	AMILABLE PRIOR TO
								_	1 TYES	2 🗌 NO		COMPLETION OF CAUSE DF DEATH?
								_				1 TES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOODITAL			T		LACE OF DEATH (C	heck only one)				
1 TES 2 NO		HOSPITAL:	☐ ER/Outp	etient 3 🗆 DOA	4 Nu		ne 5 🗆 Residence	6 Other	Specify)			
	Pending Investigation	28a. DATE OF (Month, L		26b. Ti	ME OF NJURY M	W	JURY AT ORK? YES 2 NO	28d. DE\$C	RIBE HOW	INJURY O	CURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building.	OF INJURY	— At home, farm	, atreet, fac	tory, effic	ce	26f. LOCAT	TON (Street Town, State	and Number	or or Rural	Route Number,
CONDON ONLY	HCAL EXAMIN							e time, date e		ind due to I	the cause(e) and manner as stated.
20. NAME AND ADDRESS O	F PERSON WI	to COMPLETED CAU	ISE OF DE	M - 6	De. Print) r	0	5195	108	12)	100	2/2	-1/52
NATIVI	DAD	D - D	E	LEON	Cl	U	Ton	SIN	1 / h	10-	21	204
31. DATE FILED (Month, Day, FEB 2	4 1992		AR'S SIGN		2,1		· · ·		(/
		17								_	_	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

	REGISTRAR	CERTIFIC	ATE OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) CAROLYN Roy	CAROLYN E. RO	Y	2. DATE OF MONTH	DEATH DAY -	42	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F		UNDER 1 YEAR IF UNDER 24 H NTHE DAYS HOURS MI	RS. 7. DATE OF MONTH D	BIRTN	8. BIRTNP Country)	LACE (State or Foreign	
CTOR	9a. FACILITY NAME (If not institution, give street and number) Johns Holkim Genia RESIDENCE OF DECEDENT	tric Conti	CITY, TOWN OR LOCATION OF	DEATH	9c. C	BW	EL-	
FUNERAL DIRECTOR	10a. STATE Yob. COUNTY MD		OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 XXYES 2 \(\text{I}\) NO		
NERAL	3612 YENNAR LANE APT.		101. ZIP CODE 21207		10g. C	U.S.A	NAT COUNTRY?	
BY	11. MARITAL STATUS 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Black, White, etc. Specify: BLAC						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	ECEDENT'S USUAL OCCUPATION live kind of work done during most of working DOMESTIC 16b. KIND OF BUSINESS/INDUSTRY					
BE COM	17. FATHER'S NAME (First, Middle, Leat) CALVIN ROY	DOTTEST	18. MOTHER:	S NAME (First, MICH HAWKINS	die, Maiden Surname	n)		
TO B	10a. INFORMANT'S NAME (Type/Print) HERBERT L. HAWKINS	DRESS (Street and Number or R	Ural Route Number, LTIMORE	City or Town, State, MD 212	7 AP1	. 3B		
	20e METHOO OF DISPOSITION 1 (X) Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	206. PLACE AND DATE OF D KING MEMORI	PARK PARK	OATE	RANDAL			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		WM.C.MARCH		01 E. NO	RTH AV	ENUE	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Diseas	AS A CONSEQUENCE OF):	nell; fu	auch aa cardled	or respiretory	arrest,	Approximata Interval Between Onaat and Death	
EDICAL	PART II. Other algnificent conditions contributing to de	sth but not resulting in the	alnitu-	tin,	PERFORMEO?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 100	
PHYSICIAN: M	EXAMINER? 1	VOutpatient 3 DOA 4	26. PLACE OF DEATH THER: Nursing Home 5 Resider 28c. INJURY AT	nca 8 🗆 Other (S)				
8	Natural 5 Pending (Month, Day, 1) 2 Accident Investigation	(9ar) INJURY JURY At home, ferm, stree	M 1 YES 2 NO	28f. LOCATIO	ON (Street and Numb own, State)		rte Number,	
COMPLETED	29a. CERTIFIER (Chock only one) 1 CERTIFYING PHYSICIAN: To the best of my MEDICAL EXAMINER: On the basis of examiner	knowledge, death occurred at	the time, data and placa, and my opinion, death occured at	due to the cause(i the time, date and	s) and manner as s d place, and due to	stated.	and manner sa stated.	
IO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	PF DEATH (ITEM 27) (Type, Prin	29c. LICENSE	3584	29d. 0/	2 12	fonth, Day, Year)	
	31. DATE FILEO (Month, Day, Gar) FEB 24 1992	HGC -	BAZVILLE PANDERS	- Cor	-cle	Bu	lt, pol	

ed a mark of the

Muse a Committee.

D 23584 2100/92

FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEH	TIFICA	E OF	DEAL	1	REG. NO).				
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	AY Y	3. TIME OF DEAT	ΓN		
	JOHNNIE	L.		RIC	HARI	SON	0.2	1		92 10:20	р.		
	4. SOCIAL SECURITY NUMBER 248-86-5128	5. SEX 1 XM 2 F	6. AGE (in yrs. last bin		DER 1 YEAR	IF UNDER 24	HRS. 7. DATE	OF BIRTH (h, Day, Year) 10-46		BIRTNPLACE (State or For Country) S.C.	preign		
5	99. FACILITY NAME (If not institution, give street and number) UNIVERSITY HOSPITAL 90. COUNTY OF DEAT BALTIMORE CITY												
	RESIDENCE OF DECEDENT												
5	Md .	ſΥ	10	Balt:			id.			10d. INSIDE CITY LIMITS? 1 X YES 2			
rovenat binector	100. STREET AND NUMBER Stricker				. ZIP CODE			100	N OF WHAT COUNTRY?				
- 11	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED	ARMEO 13. WAS DECENDENT OF NISPANIC ORIGIN If yee, specify Cuben, Mexican, Puerto F 1 YES 2 NO Specify:					U.S	Black Specify: Black	en,		
COMP CELLED	15. OECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Give k	ENT'S USUAL ind of work dor NOT use retired	ne during mo f.)	st of working	16	b. KIND OF BU	SINESS/INDUS				
	9th			Const	ruct	ion							
	17. FATNER'S NAME (First, Middle, Last) Norman Dodge 18. MOTNER'S NAME (First, Middle, Maiden Surname) Annie Richardson												
	19e. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADDRE	SS (Street a	nd Number or	Rural Route Nun	ber City or Toy	n. Stata. Zip Co	ode)	-		
2	Annie Ragin	17	715 G	uilfo	rd	Ave./	Balt	imore	, Md. 21:	202			
	20s. METHOD OF OISPOSITION 1 A Burtal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND cemetery, cremato	DATE OF DISP by or other place 100	osition (Na Ceme	me of tery	DA			ne, Md.			
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE K.	Jones				of FACILITY	н 110	1 e.	North Av	e.		
	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions,	DUE TO (OR AS A CONSEQUE	NCE OF):	nn	EN,				Onset sno			
	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PART II, Other significent condition	ns contributing to d	leath but not resu	iting in the	underlying	csuse giv	en in Part I.	24a. WAS AN	RMED?	24b. WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF C	TO		
								HUSD !		OF DEATN?			
	25. WAS CASE REFERRED TO MEDICAL				26. Pt	ACE OF DEA	TN (Check only o	nel					
	EXAMINER? 1 XYES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 [ОТН	ER:			,					
	27. MANNER OF DEATH	28e. DATE OF I		b. TIME OF	28c. INJ		Sence 8 Oth		NJURY OCCUP	250			
	1 Natural 5 Pending 2 Accident Investigation	(Month, De)	(, Year)	INJURY M	1 🗆 1	PK? 'ES 2		SCHIBE NOW	NJURY OCCUP	4ED			
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF building, e	INJURY — At home, tc. (Specify)	form, street, fo	ectory, office		281, LO(C/I)	ATION (Street or Town, Stelle	end Number or	Rural Route Number,			
	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated.												
			mination end/or inves	nigation, in m	y opinion, d	mitti occured	20b SIGNATURE AND TITLE OF CERTIFIED						
		ER: On the besie of exe	mination end/or inves	nigation, in m	y opinion, d	29c, LICENS		ond place, or			tated.		
	one) 2 X MEDICAL EXAMIN	ER: On the besie of exe	E OF DEATH (ITEM 27		y opinion, d	29c. LICENS		o oral press, es	29d. DATE S	inguilie (Month, Day, Year) 18-1992	tated.		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

THE OF ATTAINING PRESIDENT. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

TO THE RUNERAL CHRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 boos after four within 72 boos after four the Sixte Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If term 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEAT		3. TIME OF DEATH		
ROMAN			ROBAR		0 2	20 19	92 1:30 A.		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	l a	BIRTHPLACE (State or Foreign		
219-50-6141	1 💢 M 2 🗆 F	4 1 YRS. MC	HTHS DAYS	HOURS MIN.	3-27-50	d E	NGLAND		
90. FACILITY NAME (If not institution, give so CHURCH HOSPITAI	OF DEATH								
RESIDENCE OF DECEDENT									
MARYLAND 106. COUNTY	Y		OWN OR LOCAT				10d. INSIDE CITY LIMITS?		
		DAL	TIMOR	С,			1 💢 YES 2 🗌 NO		
100. STREET AND NUMBER 602 S. BELNORD	AVENUE			1224		ISA			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	S 2 NO DATES	If yes, specify Cuben, Mexica S 1 YES 2 NO Specify				RACE — American Indian, Black, White, etc. Specify:		
15. DECEDENT'S EDUC	VIET	NAM 16a. DECEDENT'S US	IAL OCCUPATION	N1	Las VIII on		WHITE		
(Specify only highest grade	completed)	(Give kind of work	done during mo	st of working	166, KIND OF	BUSINESS/INDUS	ТНҮ		
12 YEARS	College (1-4 or 8+)	MACHIN			CC&S				
17. FATHER'S NAME (First, Middle, Last)				iden Sumame)					
THADEUSZ ROBAK			JANIN						
19a. INFORMANT'S NAME (Type/Print)	0.17		Town, State, Zip Co						
MRS. JANINA ROB							ID. 21224		
20a. METHOD OF DISPOSITION 1 🖾 Burlet 2 🗀 Cremation 3 🗀 Remit 4 🗀 Donation 5 🗀 Other (Specify)	oval from State	ob. PLACE AND DATE OF I	DISPOSITION (No.	CEMETE:	DATE 200	LOCATION — CH	or Town, Stata		
21. SERVICE LICE	CENSEE		22. NAME AN	D ADDRESS OF F	ACILITY				
(* Kumond	Hasin	unlin			I FUNER		MD. 21224		
23. PART I. Enter the diseases, or o		V HAND	12020		SIREEI	DAL IU.	Approximate		
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):		3010/60.	Culas	OSta	DE		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):			-				
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST									
PART II. Other significant condition	s contributing to death	but not resulting in t	he underlying	g cause given in	PER	S AN AUTOPSY IFORMED? S 2 NO	24b. WERE AUTOPSY FINDHY AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? TYPES 2 \(\text{NO} \) NO		
							'		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	streetlant 3 004	heck only one)						
27. MANNER OF DEATH	28e. DATE OF INJURY	tient 2 X ER/Outpatient 3 DOA 4 Nursing Ho DATE OF INJURY 28b. TIME OF 28c. IN		URY AT	28d. DESCRIBE HO	W IN ILIEN OCCUE	50		
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		r wo	RK? ES 2 NO	200. DESCRIBE NO	W INJUNT OCCUP	EU		
3 Suicida 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, ferm, stre- ecily)	et, factory, office		281. LOCATION (Str City or Town, S	eet and Number or tate)	Rural Route Number,		
	CIAN: To the best of my kno								
2 (X) MEDICAL EXAMINE		ion and/or investigation, i	n my opinion, d	eath occured at the	time, data and place	, and due to the c	ause(s) and menner as stated		
296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER	29d. DATE S	GNED (Month, Day, Year)		
	XO			0.C.	M.E.	02-	20-1992		
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF D								
A MA DATE		111 PI	NN CT	REET P	AT.TTMOD	E MADVI	AND 21201		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		ENN ST	REET B	ALTIMOR	E MARYI	AND 21201		

BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIENE REG. NO.	-	04702		
	1. DECEDENT'S NAME (First, Middle, Last)	Lillian	Viola Rea	aver		2. DATE OF DEATH DAY 02/21/92	YEAR	3. TIME OF DEATH 2:00pm M		
	4. SOCIAL SECURITY NUMBER 199-07-3683	5. SEX 6. AGE (III	72 YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08/24/19		THPLACE (State or Foreign unity) Balto, MD		
DIRECTOR	9a. FACILITY NAME (If not institution, give 2903 Huntingd RESIDENCE OF DECEDENT				more Cit					
		Baltimore City			nore		10d. INSIDE CITY LIMITS? VES 2 \(\text{\text{NO}}\) NO			
FUNERAL	2903 Huntingdon Avenue				21211		U.S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 XXWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	if yes, sp	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuban, Mexican, Puerto Rican, etc.) VES ZYNNO Specify:			ACE — American Indian, ack, White, atc.			
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12) 12th	CEDENT'S EDUCATION If highest grade completed) (Give kind of work Ife. Decedent's usu (Give kind of work Ife. Do NOT use rei Superv.			N st of working	Food Set				
BE CO	17. FATHER'S NAME (First, Middle, Lest) Russell A. Brit	tingham			18. MOTHER'S NAME (First, Middle, Maiden Surname) Berth C. Shriver					
TO	196. INFORMANT'S NAME (Type/Print) Ruth Kennedy 196. MAILING ADDRESS (Street and Number or Rural Route Number. City or Yown, State, Zip Code) 2903 Huntingdon Avenue Balto, MD 21									
	209. METHOD OF DISPOSITION A Duriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF DIMERAL SERVICE LI	Woo	place and date of tery, cremetory or othe odlawn Co	emetery		2/24 Woo	odlawn			
	Michael	Carpente		3631 I	alls Rd	Burgee-H	21211	Funeral Home		
	23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Lori	the deeth. Do not the line.	t enter the mo	de of dyling, suc	h sa cerdiec or reeptrat	ory srrest,	Approximats Interval Between Onset and Death		
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A (CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition	ns contributing to deeth bu	t not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN AUTPERFORME 1 YES 2	D?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 1 Input and 2 ER/Outpetlant 3 DOA 4 Navign Many Control of Contro									
ву РНУ	27. MANNER OF DEATH 14 Natural 5 Pending	1 Inpatient 2 ER/Outper 26s. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJI		6 Other (Specify) 28d. DESCRIBE HOW INJU	RY OCCURED			
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY - building, etc. (Specif	At home, term, etro	est, factory, office		291. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
COMPLETED		ICIAN: To the best of my knowle						e(a) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WH	Diark			D23	The state of the s	DATE SIGNI	ED (Month, Day, Year)		
	31. DATE PILED (Month, Day, Year)	Feell'S	201	3	ultin	ore the	21	211		
	FEB 2 4 1992	Julia Davidson	Randise							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	after death. Page 6 may be retained by the hospital or attending
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	by the funeral director, page 5 should be detached for use as the moval.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	cal examiner must be notified at once.

9a. FACILITY NAME (If not institution, give street and number) Franklin Square FESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 + 17. FATHER'S NAME (First, Middle, Lest) William Benjamin Reddis 19a. INFORMANT'S NAME (Type/Print) Augustine Palmisano 20a. METHOD of DISPOSITION 1 Burlal 2 Cremetion 3 Removal from State 4 (XDonation 5 Other (Specify) 11. MIDITAL CAUSE (Finel diseases, or complications that cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) PART II. Other significent conditions contributing to de Anemia, Urinary Tract In (Morning In Lest) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner? 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner? 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner? 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner? 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner? 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner? 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner? 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner? 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner? 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner? 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner? 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner. 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner. 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner. 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner. 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner. 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner. 1 YES 2 (X NO 12. MANNER OF OEATH 12. 1 A Impelient 2 Examiner. 1 YES 2 (X NO 1	EVER IN U.S. ARMED 10c. CI 10c	9b. CITY RO: 13. 1 13. 1 13. 1 13. 1 14. 1 15. 1 16. 1 17. I USUAL ORD 16 Work done of work done	TOWN OF SECRET OF LOCATION OF	Joppa ZIP CODE 2 ENDENT OF HISP City Cuben, Mexit I of working tary 18. MOTHER'S R EVA The Mother of Running int Rd, me of D ADDRESS OF R Baltin	TORS ANIC ORIGIN? Can, Puerto Ricity: 16b. I PO NAME (First, Mi If Route Number FOR ST OATE	(Specify Yes or can, etc.) (Specify Yes or can, etc.) (IND OF BUSIN OWER OL ddle, Maiden Sur c, Chy or Town, S tHill, 20c. LOCAT	Og. CITIZEN OF USA NO- 14. RACE Blue Spe ESS/INDUSTRY ant Commen Tion - City or T Anatomy Co., MD	HPLACE (State or Foreign (17)) aryland DEATH O'RE COUNT; 10d. INSIDE CITY LIMITS? 1		
216 16 0911 1	PYER IN U.S. ARMED YES 2 NO 10c. Cd 16a. DECEDENT (Give kind on the Do NOT Prive Sh 20b. PLACE AND DATE cemetery, cremetory or d Wade, Dia 2/21/9 eused the deeth. Do on each line.	9b. CITY RO: 13. 1 13. 1 13. 1 13. 1 14. 1 15. 1 16. 1 17. I USUAL ORD 16 Work done of work done	DAYS TOWN OF SECULATION	HOURS MANN. PRICOCATION OF 1e FOR LOCATION OF 1e FOR LOCATION OF 1e FOR LOCATION OF 1e ZIP CODE 2 ENDENT OF HISP City Cuben, Maxil 2 \(\text{NO} \) Spe No Spe	7. DATE O (Month, 6/4) DEATH 1085 PANIC ORIGIN? cen, Puerto Ricity. 16b. I PO NAME (First, Ministry Forest OATE OATE	(Specify Yes or can, etc.) (Specify Yes or can, etc.) (IND OF BUSIN OWER OL ddle, Maiden Sur c, Chy or Town, S tHill, 20c. LOCAT	Ba: tim Og. COUNTY OF Ba: tim Og. CITIZEN OF USA No- 14. RAC Spe ESS/INDUSTRY ant Co Trame) Note, Zip Code) MD 2105 Tion - City or T Anatomy	HPLACE (State or Foreign aryland peath Ore Count) 10d. INSIDE CITY LIMITS? 1		
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The state of the s	20b. PLACE AND DATE cometery, cremetery or 2/21/9 eused the deeth. Do on each line.	ng ADDRESS 1 High	is (Street and Position) (Name and S5 W.	18. MOTHER'S PEVA EVA int Rd, me of D ADDRESS OF P	NAME (First, Ministration of Forest OATE FACILITY TOTE S	cide, Maiden Sui r, City or Yown, S Hill, 20c. LOCAT State t, Balt	name) Note, Zip Code) MD 2105 TION — City or T Anatomy	own, State 7 Board 2 1201 Approximate interval Betw		
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EXAMINER? 1 VES 2 X NO 17. MANNER OF OEATH 28. DATE OF IN. (Month Day.	eth but not resulting ifection, h	y In the und	derlying tens	ceuse given i		PERFORME	D?	D. WERE AUTOPSY FINDI AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
1 VES 2 X NO 1 IN Inpetient 2 EI 7. MANNER OF OEATH 28e. DATE OF IN. 1. MANNER OF OEATH 28e. DATE OF IN. 1. MANNER OF OEATH 28e. DATE OF IN.				ACE OF OEATH (C	Check only one)					
V (Month Day	R/Outpatient 3 DOA	OTHER 4 Nurs		5 Residence	8 🗆 Other (Specify)				
2 Accident Investigation	Year) IN	NJURY M		RY AT RK? ES 2 NO	28d. DESC	RIBE HOW INJU	RY OCCUREO			
3 Suicide 8 Could not be determined 28e. PLACE OF It building, etc	NJURY — At home, 1erm, (Specify)	, street, tecto	ory, office		281. LOCAT City or	ION (Street and Town, State)	Number or Rural	Route Number,		
9a. CERTIFIER (Check only one) 1 CX CERTIFYING PHYSICIAN: To the best of my medical examiner: On the basis of examiner.	knowledge, death occur	rred at the tir	me, data a	and place, and du	e to the cause	(a) and manner				
9b. SIGNATURE AND TITLE OF CERTIFIER			pinion, des	eth occured at th	e time, data a	nd place, and di	en stated.	i) and manner as state		
Shirnett Williamson, MI 1. DATE FILED (Month, Day, 190) TER 2 1 1002	- MD			eth occured at the	e time, data a	nd place, and d	d. DATE SIGNED	a) and manner as stated (Month, Day, Year)		

850 to 60

	1. DECEDENT'S NAME (First, Middle, Last) THURMAN	,		CAM	D C C		M	ATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	L .	BE (In yrs, last birthday)	SAM!		IF UNDER		0 2 1		_	2:00 A.
	217-60-0384	1 M 2 🗆 F	38 YRS.	MONTHS	DAYS	HOURS	MIN.	Nonth, Day, Year)	-53	Country)	
OB	90. FACILITY NAME (# not institution, give str LIBERTY MEDICA					MORE	OF DEATH	Υ	9c. COUN	TY OF DEA	ATTA
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CT	TY, TOWN OR	LOCAT						IOd. INSIDE CITY
	100. STREET AND NUMBER	1 101		alti	m	ZIP CODE		,	10g. CITIZ	EN OF WH	YES 2 NO
FUNERAL	11. MARITAL STATUS	land St	R IN U.S. ARMED	13. W	AS DEC	ENDENT OF	121	RIGIN? (Specify	Yes or No	14. RACE -	American Indian,
ВУ	1 X Never Merried 2 Merried 3 Widowed 4 Divorced	FDRCES? 1 YE				2 ND		erto Rican, etc.)		Specify:	Black
ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) Coffege (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT L	work done du				16b, KIND OF E	JUSINESS/INDU	JSTRY	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		La	bare	25	18. MOTH	ER'S NAME (FI	irst, Middle, Meid	en Sumeme)		
BE C	194 I Pe Lee 9	ampso				M	ary	Go	chai	<u>m</u>	
2	Curtis Sam	PSON	25	ADDRESS (B	eth:	- Aural Roma	Number, City or 1	own, Stete, Zip	1D	21231
	20a_METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo 4 Donation 6 Other (Specify)	val from State	cometery, cremetory or	DF DISPOSIT	ION (Na	me of	ery a	122 B	alto (O .	MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		工	CV.	PADDRES	APP PABILITY	OIL F	unen	pl H	tome
	23. PART I. Entar tha diseases, or co	omplications that cause or	sed the death. Do	not enter ti	he mo	da of dyln	g, such aa	cardiac or res	piratory arre	tve	Approximata
	IMMEDIATE CAUSE (Final disease or condition	Anson			NON	110011	00.	on Dis		,	Onset and Dea
	resulting in death)	OUE TO (OR A	S A CONSEQUENCE C	F):		WVI	SCUL	or UCS	<u>हाग्रेद</u>		
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE D	F):		. ,,					
RTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE C	F):							
S	PART II. Other algorificant conditions	contributing to death	but not resulting	in the und	erlying	T Course of	ven in Part	240 MMR	AN AUTOPSY	1 201 10	VERE AUTOPSY FINDING
DICAL	DIDISTIS MA			TO GITO	arry mrs	y cadate gi		PERF	ORMED?	A	VAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4: MED								tasp	ven	1	YES 2 ND
ICIAI		HOSPITAL:		OTHER:			ATH (Check on				
PHYSICIAN:	27. MANNER OF DEATH	1 X Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIR		8c. INJ	o 5 □ Res URY AT RK?	-	Other (Specify) DESCRIBE HOV	Y INJURY OCCI	VRED	
D BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJU	RY — At home, ferm,	etraet, factor		/ES 2 🗌	28f.	LOCATION (Street	et end Number o	or Rural Rou	ute Number,
ETE	4 Homicide determined					-		City or Town, Ste			
COMPL	(Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my kn	owledge, death occurr tion end/or investigation	on, in my opi	e, date nion, d	end place, o eath occure	and due to the	date and placa,	and due to the	d. cause(e) e	end menner ee stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Krele					. M . E .				Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OEATH (ITEM 27) (Type		C Tr	REET		TMODE			21201
	31. DATE FILED (Month, Day, Year) FEB 2 4 1992	32. REGISTRAR'S SI		T 17 14 14	O L	KEEL	DALL	THUKE	HAKI	LANI	21201

DHMH-16 Rev 1/89

distribution of the second

BALTIMORE, MARYLAND 21215-0	requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending	been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the
RE, MA	ay be retail	page 5 shi
LIMOF	Page 6 m	al director,
BAL	after death.	by the funer
	24 nours	filled in t
68760,	secuted within	ween signed by the attending physician and completely filled in by the
O. BOX	sertificate be	ling physician
RECORDS, P.O. BOX 68760,	at the death	by the attend
RECO	requires th	een signed

	1. DECEDENT'S NAME (First, Middle, Las	st)					2. DATE OF			3. TIME OF DEAT
	Rudo1f	G.		S	ch1ao		Febru	DAY	1 0 0 2	
	4. SOCIAL SECURITY NUMBER	5. SEX	6, AGE (In yrs. lest t	nirthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH	0. BIRT	HPLACE (State or Fi
	214-24-8042	1 🔀 M 2 🗆 F	64	YRS.	MONTHS DAYS	HOURS MIN.		26/1927	7 Mo	ryland
_	9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DI							
OR R	941 Susquehanna	Avenue			Middle	River		B:	altimo	ore Coun
DIRECTO	RESIDENCE OF DECEDENT 10e. STATE 10b. COU	10c. CITY.	TOWN OR LOCAT							
E .	Maryland Balt								10d. IHSIDE CITY LIMITS?	
	10e. STREET AHD NUMBER	THOTE		MIL	ldle Riv	ZIP CODE		100	CITIZEN OF	1 YES 2 X
FUNERAL	941 Susquehanna	Avenue				21220				
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IH U.S. ARME	D	13. WAS DEC	ENDENT OF HISPA	AHIC ORIGIN? (Specify Yea or No-	1 S.	E American Ind
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES?	YES 2 HO		If yes, spe	city Cuben, Mexic 2 X HO Spec	en, Puerto Rici	in, etc.)	Blac Spec	k, White, etc.
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	Elementary/Secondary (0-12)	College (1-4 or 5	·)	o NOT use	redreg.)					
COMPL	8 Years 17. FATHER'S HAME (First, Middle, Last)		Dri	ver		40 1400		cucking		
		0.1					AME (First, Midd	fle, Malden Surnam	10)	
BE	Ewald 190. INFORMANT'S NAME (Type/Print)	Sch		AAH ING A	DDDEEC (Complete	Marie nd Number or Runs		Birj	ukow	
5	Loretta Schl									
	20e. METHOD OF DISPOSITION	100			USQUENA DISPOSITION (Na	nna Ave	Midd	e River		_21220_
	1 XBuriel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	moval from State	cemetery, crema	tory or oth	er place)		1			
	21. SIGNATURE OF FUHERAL SERVICE	LICEHSEE	- глоту к	osar		ery 2/20		Baltin	nore C	ounty.
	1 12	0	-1			dzinski				
	23. PART I. Enter the diseases, or shock or heart falling	complications the			1407	Easter	a Avent	ie. Esse	x. Md	. 21221
	anock, or mart failur	. List only one cau	se on aach iina.	n. Do no	t antar tha mod	da or dying, au-	ch aa cardiad	or respiratory	arrest,	Approxim
	IMMEDIATE CAUSE (Final disease or condition	al	1.	- 1	1 . ()	0	7.	10	99set an
	resulting in death)	a. DUE TO	OR AS A CONSEQUE	EHCK OF	ray	my	and	cico	7	donn
-		· Q	XI OO	0	CM	nul	1 ches	1		1/2-
	Sequentially list conditions, if any, leading to immediate DUE TO (gli AS A CONSEQUENCE OF:									
2	cause. Enter UNDERLYING	and	h							1
CATIO		c.	/	1 -		- 1				ļ
TIFICATION	CAUSE (Disease or injury that initiated eventa	oue to	(OR AS A COHSEQUE	ENCE OF):		- 1				
ERTIFICATION	CAUSE (Disease or Injury	d.	(OR AS A COHSEOU	ENCE OF):	:					
8	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d				Cause given in	Part I 24	a WAS AN AUTOD	EV 24h	WERE AUTORY &
AL CE	CAUSE (Disease or injury that initiated eventa	d				cause given in		n. WAS AN AUTOP PERFORMED?		AVAILABLE PRIOR
EDICAL CE	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d				cause given in				AVAILABLE PRIOR COMPLETION DF OF DEATH?
MEDICAL CE	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d				cause given in		PERFORMED?		AVAILABLE PRIOR COMPLETION DF OF DEATH?
AN: MEDICAL CE	CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions are significant conditions.	d to			the underlying	cause given in	1	PERFORMED?		AVAILABLE PRIOR COMPLETION DE O OF DEATH?
SICIAN: MEDICAL CE	CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions are significant conditions.	done contributing to		uiting in	the underlying 26. PL	ace of Death (C	heck only one)	PERFORMED? YES 2 NO		AVAILABLE PRIOR COMPLETION DE (OF DEATH?
HYSICIAN: MEDICAL CE	CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions to the condition of the conditi	d	death but not res	DOA 4	26. PL OTHER: Nursing Home OF 28c, INJL	ACE OF DEATH (CI	heck only one) a Other (Si	PERFORMED? YES 2 NO		AVAILABLE PRIOR COMPLETION DE (OF DEATH?
PHYSICIAN: MEDICAL CE	CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions are significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANHER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D	death but not res	uiting in	26. PL OTHER: I Nursing Home RY WOI	ACE OF DEATH (CI	heck only one) a Other (Si	PERFORMED? YES 2 NO		. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION DF (OF DEATH? 1 YES 2 1
D BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions and the condition of the condit	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D	death but not resident a DER/Outpetient a DER/Outpetient a DER/Outpetient a DER/Outpetient a DER/OUTPETER PROJECT ALL HOMES AND	DOA (26. PL OTHER: Nursing Home OF 28c. INJURY M 1 1 Y	ACE OF DEATH (CI	a Other (S) 28d. DESCRI	PERFORMED? YES 2 NO Decity) BE HOW IHJURY	OCCURED	AMALABLE PRIOR COMPLETION DF 00 P DEATH? 1 YES 2
TED BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions and the condition of the condit	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D	death but not res	DOA (26. PL OTHER: Nursing Home OF 28c. INJURY M 1 1 Y	ACE OF DEATH (CI	a Other (S) 28d. DESCRI	PERFORMED? YES 2 NO Decity) BE HOW IHJURY	OCCURED	AMALABLE PRIOR COMPLETION DF 00 P DEATH? 1 YES 2
D BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions and the condition of the condit	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE O building,	DER/Outpatient 3 IHJURY 9/, Year)	DOA (4)	26. PL OTHER: I Nursing Horne OF 28c. INJ WOF I Y WOF 1 Y eel, factory, office	ACE OF DEATH (C) 5	a Other (S) 28d. DESCRI 26f. LOCATIC City or R	PERFORMED? YES 2 NO Decity) BE HOW IHJURY ON (Street and Num.	OCCURED	AMALABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2

DIVISION OF VITAL

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ments. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	in Earlificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2. 3 should		How 90 is sending on Home 22 about one latter on other fractions the sending arounds to neither at any
rurs after death. Page 6	in by the funeral direct	r removal.	andless annual and
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the death certificate by	/ the attending physicia	d Mental Hygiene prior	lating or other tra
The law requires that	ate has been signed by	ate Dept. of Health an	me 22 about our
THEN DING THIN SHOW!	JOR: After this Certific.	er death v	20 in marked or it
THE HOSPITAL OR A	THE FUNERAL DIREC	filed within 72 hours aft	DOOTANT. If hem

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

4 0000000000000000000000000000000000000			IOAIL			T -	HEG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	Cy	ndores				2. DATE OF DEATH DAY 2 CYGAR			3. TIME OF OEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1			0	20	10	C, John	
418-14-4869	1 M 2 D F	YRS.		$\overline{}$	F UNDER 24 HRS.	7. DATE OF (Month, I	Dey, Year)	8. BIRTHPL Country)	ACE (State or Foreign	
Sa. FACILITY NAME (If not institution, give a	reet and number) ,	1	9b. CITY, 1	TOWN OR	LOCATION OF D	EATH	9c. COU	NTY OF DEAT	ТН	
St Panes	St Panes Hospital									
RESIDENCE OF DECEDENT										
10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR	LOCATIO	N	1	A	.10	d. INSIDE CITY LIMITS?	
1011)			100	-6	amona	150n	Ave	1	TES 2 NO	
10e. STREET AND NUMBER	1	^		10f. Z	IP CODE		10g. CIT	IZEN OF WHA	T COUNTRY?	
d'ide Famo	ndson	Hue	21723							
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. ARMED					(Specify Yes or No-	14. RACE -	American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	IF, YES, GIVE W	AR OR DATES			NO Specif		an, etc.)	Specify:		
3 Widowed 4 Divorced	1/20/4	$\frac{3}{5}$ to $\frac{2}{5}$	16							
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'	S USUAL OCC		of working	16b. K	IND OF BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+	Miles Die AMOT	use retired.)							
17. FATHER'S NAME (First, Middle, Last)				1	6. MOTHER'S NA	ME (First, Mid	Idle, Maiden Surname)			
Charlie Sander	rs				Ethel	Pete	erman			
19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRESS (Street and			City or Town, State, Zi	p Code)		
Ethel Peterma	an	2706	Edmo	onds	son Ay	e. Ba	lto. Md	. 212	223	
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSIT			DATE	20c. LOCATION —	City or Town.	State	
1 Buriet 2 Cremetion 3 Remo	oval from State	Garrisor	other place) Fore	est		2/27/	/92 Owin		lls. Md.	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. N/	AME AND	ADDRESS OF FA			go III	IIIS. Mu	
60 TM	Mr.	metra	Wai	inwr	right :	Funer	cal Home			
23. PART I. Enter the diseases, or o	Abecome	000	2'	700	Edmon	dson	Ave. Ba	lto.	Md. 2122	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQUENCE (OF):		1					
PART II. Other algorificant condition	d.									
- Constitution	a community to	deeth but not resulting	in the und	enying c	cause given in		48. WAS AN AUTOPSY PERFORMED?	AM CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL										
EXAMINER?	HOSPITAL:		OTHER:		E OF DEATH (Ch	· · ·				
1 YES 2 NO		ER/Outpatient 3 DOA			5 Residence					
1 Netural 5 Pending	26e. DATE OF (Month, De		JURY	8c. INJUR WORK 1 YES	Y AT	28d. OESCI	HIBE HOW INJURY OC	CURED		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY At home, farm, atc. (Specify)	street, factor	y, office			ION (Street and Number Town, State)	r or Rumil Rout	Number,	
		my knowledge, death occur amination and/or investigat							nd manner sa stated.	
SHOWATURE AND TITLE OF CERTIFIE				2	9c. LICENSE NUI	MBER	29d. DAT	E SIGNED (M	onth, Day, Year)	
An le fe.) my) (4	152438	528	755 >	02/2:	3/52.	
NAME AND ADDRESS OF PERSON WHO	AMUT(S	E OF DEATH (ITEM 21) (Typ	a, Prine)	1	took it	n (400 1 mh.	Asi-	Bubares	
31. DATE FILED (Morris), Day, Year)	22. REGISTRA	R'S SIGNATURE	7			. 1	L- CATO	701	7 141 100	
Seep ea day	June Hull	京の古人の大田の								

D. BOX 68760, BALTIMORE, MARYLAND 21215-0020	M. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	LINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after the safer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ENDING PHYSICIAN: The law requires that the death certificate be exec	II. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumat
DIV	AL OR AT	L DIRECT	I Item 2

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BE COMPLETED

								92	2 0	14967
	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Line ROBERT	ERS	IOAIL O	DEATH	2. DATE OF DEATH MONTH 02 23		YEAR 3.	10:30 Pa		
1	4. SOCIAL SECURITY NUMBER 213 26 7076	5. SEX 1 X M 2 T F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07 15 19		L BIRTHPL. Country)	ACE (State or Foreign YLAND
TOR	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEAT 6244 FALLS ROAD BALTIMORE BESIDENCE OF DECEDENT							9c. COUNT	Y OF DEAT	ГН
DIREC		10b. COUNTY 10c. CITY, TOWN OR LOCATION						10d. INSI LIMIT 1 X) YES		
FUNERAL DIRECTOR	100. STREET AND NUMBER 6244 FALLS ROAD					01. ZIP CODE 212()9	10g. CITIZE		T COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2 (IF YES, GIVE WAR OR DATES)				If yes,	CENDENT OF HISPAI pecify Cuben, Maxice S 2 X NO Specif	NIC ORIGIN? (Specify Years, Puerto Rican, atc.)	s or No—	4. RACE — Black, W Specify:	American Indian, mits, etc. AFR . AMER .
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5 +	(Giv	CEDENT'S we kind of v Do NOT us	USUAL OCCUPATION or done during rational.)	ION lost of working	16b. KIND OF BU	ISINESS/INDUS	STRY	
TO BE COM	17. FATHER'S NAME (First, Middle, Last) WILLTAM NICHOLS 18. MOTHER'S NAME (First, Middle, Maiden Surname) ELIZABETH SUMMERS NICHOLS 196. INFORMANT'S NAME (Type/Print) MYRTLE SUMMERS 2400 LONGWOOD STREET BALTIMORE MARYEAND 21216									
	MYRTLE SUMMERS 2400 LONGWOOD STREET BALTIMORE, MARYLAND 21216 200. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donalion 5 Other (Specify) 200. PLACE AND DATE OF DISPOSITION (Name of ARBUTUS OF MEM. PTR. 200. PLACE AND DATE OF DISPOSITION (Name of ARBUTUS OF MEM. PTR. 200. PLACE AND DATE OF DISPOSITION (Name of ARBUTUS OF MEM. PTR.)									
	21. SIGNATURE OF PUNERAL SERVICE	G S	1		ESTEP	BROS. FU	INERAL HOM	E 1300		
	23. PART I. Enter the diseases, o shock, or heart fallur IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Colon	caused the dea	nces	oot anter the m	ode of dying, suc	1ARYLAND 2 h as cardiac or resp	iratory arres	et,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
CERTI	that initiated avants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.									
PHYSICIAN: MEDICAL	PART II. Other significant conditi	ona contributing to	death but not re	aulting i	n the undariyi	ng cause given in	Part I. 24a. WAS AN PERFOI	RMED?	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE 0EATH? YES: 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	XXX		26. I OTHER:	LACE OF DEATH (Ch	eck only one)			
PHYS	1 VES 20 NO 27. MANNER OF DEATH	1 Inpatient 2 I	INJURY	26b. TIMI	4 Nursing Ho	JURY AT	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUP	AED	

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Home | Residence 6 | Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Netural

Accident 5 Pending Investigation 1 YES 2 NO 28s. PLACE OF INJURY — Al home, farm, streel, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

29e. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)
2 - 24 - 72

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Bult

30 Rel Falls 31. DATE FILED (Month, Pay Year) July James Handle

21211 Hel

29c. LICENSE NUMBER D23076

OHMH-16 Rev 1/89

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	OF
	DIVISION
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
liddle, Last)			

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTII	RTMENT OF I	HEALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last, Sul	Evelyn :	Mae Scot	t		2. DATE OF DEATH	AY 9 YEA	3. TIME OF DEATH 2208 M		
	4. SOCIAL SECURITY NUMBER 222–20–7698	5. SEX 8. AGE	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/1/1930	G	inthplace (State or Foreign outly) mboro, Del.			
TOR	9a. FACILITY NAME (If not institution, give PENINSULA GENER RESIDENCE OF DECEDENT		LISBURY							
DIRECTOR	10a. STATE 10b. COUN	10a. STATE 10b. COUNTY			TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	R.D. 3 Box 40		10	1. ZIP CODE	66	10g. CITIZEN (OF WHAT COUNTRY? USA			
BY	11. MARITAL STATUS 1 Never Married 2XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	It yes, ap	ENDENT OF HISPA ecity Cuban, Maxic 2 XNO Spec	ANIC ORIGIN? (Specify Years, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc.		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION fe completed) College (1-4 or 5+)	16a. OECEDENT' (Give kind of life. Do NOT	s USUAL OCCUPATION work done during mouse retired.)	ON st of working	Homemaker				
MO	17, FATHER'S NAME (First, Middle, Last)		TOMORE	4.101	I 10 MOTHER'S N	AME (First, Middle, Maiden				
BE	Turner Fishe	r	T 10h MAII IN	A ADDRESS (0	Bren					
5	Calvin C. Scott		R.d.	3 Box 40	04, Mill:	sboro, DE	19966			
	1X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Millsboro Cemetery 2/22/92 Millsboro, DE									
	* Richard T.	Watson		Watsor		1 Home, Nil		, Delaware		
	IMMEDIATE CAUSE (Final	complications that cause List only one cause on o	ed the death. Do each line.	not enter the mo			ratory arrest,	Approximata interval Between Onset and Death		
	disease or condition resulting in death)	a. OUE TO (OR AS	A CONSEQUENCE (OF):		ock	. ^	15 74		
TION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Valuation Valuation									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
		d								
PHYSICIAN: MEDICAL	PART II. Other significant condition Cyptacoccal	in the underlying	cause given in	Part I. 24e, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	heck only one)				
Sic	EXAMINER?	HOSPITAL: 1 Propertient 2 ER/Out	patient 3 DOA	OTHER:		8 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Till IN	AE OF 28c. INJ		28d. DESCRIBE HOW I				
	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28s. Could not be building, etc. (Specify) 28s. Could not be building, etc. (Specify)								
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIE	00			29c. LICENSE NU	12	≥ 3 ·10	NEO (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	Arim) Roach	delbe.	815 CM Lu	CI			
	31. DATE FILEO (MONTH, Day, Year) FEB 2 4 1992	32, REGISTRAR'S SIGN	VATURE							

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DIVISION OF VITAL RECORDS, P.O. BOX 6876	ATTENDING PHYSICIAN: The law requires that the death certificate be executed w
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH		GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, La FA 4. SOCIAL SECURITY NUMBER	1 Stur	DIVANT		2, DATE OF OE MONTH	ATN DAY	YEAR 3. TIME OF DEATH		
œ	215-28-6002 Se. FACILITY NAME (If not institution, gi	1 M 2 F	57 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF D	EATN	26-34	BIRTNPLACE (State or Foreign Country) TY OF DEATN		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c. CITY, TOWN	OF LOCATION INVENUE	2		10d. INSIGE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 1000 WICK			101. ZIP CODE 2 1229			1 FYES 2 NO EN OF WHAT COUNTRY?		
D BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	WAS DECENOENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specify	en, Puerlo Rican, a	lfy Yes or No—	14. RACE — American Indien, Black, White, sic. Specify: Black		
ETE	15. DECEDENT'S E (Specify only highest gr Elementery/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	16e. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.) HOUSEWIFE	during most of working	16b. KIND	OF BUSINESS/INDU	STRY		
COMPL	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	AME (First, Middle, I	fsiden Surname)			
BE	CHARLES WEBST 190. INFORMANT'S NAME (Type/Print)	!ER		TRE					
2	WALTER STURDI	NANT		S (Street and Number or Rural OW RD, BALTI			lode)		
	20s. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF DISPOS	SITION (Name of		Oc. LOCATION CI	ity or Town. State		
	1 Neurisi 2 Cremsilon 3 R 4 Donation 6 Other (Specify)		VESTERN STAR	CEMETERY			LE, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTINORE ST. BALTO. MD. 21223; P.O. BOX 444								
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS A	CONSEQUENCE OF):			ANCER			
: MEDICAL	PART II, Other algnificant condition	one contributing to death bu	it not resulting in the ur	iderlying ceuse given in	PI	AS AN AUTOPSY ERFORMED? ES 2 NO	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck anly one)				
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpe	ntient 3 DOA 4 Nur			y)			
РНУ	27. MANNER OF DEATN 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OEŞCRIBE	IOW INJURY OCCU	REO		
8	2 Accident Investigatio	28a PLACE OF IN HIDY	— At home, form, streat, fact	1 YES 2 NO	204 1 OCATION (the state of the s			
ETED	3 Suicide 6 Could not be determined 286. PLACE OF INJURY — At home, ferm, streat, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number of Sural Route Numbe								
COMPLE	2 MEDICAL EXAM	YSICIAN: To the best of my knowle INER: On the basis of sxamination	idge, death occurred at the t	ime, data and place, and due opinion, death occured at the	to the cause(s) an	d manner as atated	cause(s) end manner es stated		
TO BE	296. SIGNATURE AND TITLE OF CENTIF	who has	an	D 290	MBER 7	29d. DATE S	SIGNED (Month, Day, Year) -19-92		
	20. NAME AND ADDRESS OF PERSON V		NIEVTA	W ST t	+301	BALTIN	LORE 2/201		
	FFB 2 4 1992	Julie Davidson-Rang	TURE						

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permit. Pages 1, 2, 3 should

WITH, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	of the defeat this certificate has been signed by the attending physician and completely and the funeral director, page 5 should be detact		MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Dorothy Snyder YEAR 6.3) ann 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign nth, Day, 1 214-40-8529 1 M 2 XF 90 MONTHS DAYS HOURS VRS MARYLAND 01 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3939 ROLAND AVENUE 21211 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indian, Black, White, etc. FURCES? 1 YES 2 NO FORCES? If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 X Never Merried 2 Merried BY 3 Widowed 4 Divorced Specify WHITE ETED 16e. DECEDENT'S USUAL OCCUPATION
(Che kind of work done during most of working 15. OECEDENT'S EDUCATION sectly only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY (Sp College (1-4 or 5+) Elementary/Secondary (0-12) COMPL UNKNOWN TEACHER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) JOHN J. SNYDER ROSALIND SNYDER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 CHARLES WAGANDT 821 WEST LAKE AVENUE, BALTO., MD. 20e METHOD OF DISPOSITION
1 N Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 4 Donetton 5 Other (Specify) LORRAINE PARK CEMETERY BALTIMORE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ALAN SEITZ, JR. FUNERAL HOME 6 3818 ROLAND AVENUE, BALTO., MD. 21211 23 PART I. Enter the diseases, or complications that caused the seath. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or haert failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition resulting in death) Congestion DUE TO (OR AS A CONSEQUENCE OF) reumon 2 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events DUE TO (OR AS A CONSEQUENCE OF) recuiting in death) LAST PART II. Other significent conditione contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 ER/Outpatient 3 DOA g Home 5 - Reeldence 8 - Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY M 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 | Homicide determined 1 CERTIFYING PHYSICIAN: To the beel of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) and menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) C 2

DHMH-16 Rev 1/89

36. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

199

Union

32 REGISTRAN'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020

medical ex	INTERNAL. II NOTIL 20 18 MAINED, UL NOTIL 25 SHOWS ANY HIGH. WOUNDED GEVENT, ME INCHES EX
or removar.	HARDOTENING IN THE COURT WITH COME COURT, OF THE COURT INVITED INTO THE COURT OF TH
or removal	he first side dark with the State Best of Beath and Mental Huniana prior to burial cream. So command
cin by the	TO THE FOUR HEAD RECTOR: After this certificate has been signed by the attending obvision and complete.
ours after d	TO HE WASTERDING PHYSICIAN: The law requires that the death certificate be executed within
BA	IVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, A				ERTIF						REG. NO.			
DOT LIE	Widdle, Last)								MOI	TE OF DEATH		YEAR	3. TIME OF DEATH
ROLAND 4. SOCIAL SECURITY NUMBER		FRANK			SIM		_		02	4 1	1	992	5:45 a
		1 X M 2 F	6. AGE (In yrs. I		MONTHS	DAYS	IF UNDER	MIN.		E OF BIRTH oth, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
218-20-006			64	YRS.					May	10, 1	927	Mar	yland
9a. FACILITY NAME (If not insti					9b. CITY	r, TOWN C	OR LOCATI	ON OF D	EATH		9c. COU	INTY OF D	EATH
7939 JOHN		AVENUE			(SLEN	AR	DEN			PR	INCE	EGEORGES
	10b. COUNTY			10c CI1	ry, TOWN	OR LOCAT	TON						
Maryland	Dring	e George	In	100.01		_							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	FITIC	e George	5		G.	- 1	arde						1 YES 2X NO
7937 Joh	naan	7				101	. ZIP COD	t.			-		WHAT COUNTRY?
11. MARITAL STATUS	IIISOII	12. WAS DECEDENT		-	1							-	States
1 Never Married 2 Mills Mildowed 4 Divorce		FORCES? 1 IF YES, GIVE W	X YES 2	NO NO		It yes, sp	endent Cobe	n, Maxica	n, Puerl	ilN? (Specify Yes o Rican, etc.)	or No-		E — American Indian, k, Whita, atc. hy: Lack
15. DECED	DENT'S EDUC	ATION		ECEDENT'S					1.1	Bb. KIND OF BUS	UNESS/INI		- CON
(Specify only h Elementary/Secondary (0-12		College (1-4 or 5+		Give kind of le. Do NOT u	work done se retired.)	during mo	st of working	ng					
12th Grade				Mana	ger					Priva	ta		
17. FATHER'S NAME (First, Midd	die, Last)				7-2		18. MOTI	HER'S NA	ME (First	, Middle, Maiden			
John Sim	nms						1.00			Hall	,		
19a. INFORMANT'S NAME (Type			1	9b. MAILING	ADDRES	S (Street a				mber, City or Town	7. State 75	p Codel	
Linda Simm	ns									lenard			
20- METHOD OF DISPOSITION	N		20b. PLACE					V C				City or To	
Donation 5 Other (S)		val from Stata	camatary, cr		ther place!							on,	,
21. SIGNATURE OF FUNERAL S		NSEE D.	Thee	SC	1 EIII	NAME AN	D ADDRES	SS OF FA				J11 ,	no.
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23. PART I Enter the dise		emplications that	lane.		4	FOOT	Bei	nnir	ng :	Road,	N.E	. Wa	sh. D.C.
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Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	inte G	DUE TO (OR AS A CONSE	OUENCE O	F):								
if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury	G C.	DUE TO (OR AS A CONSE	OUENCE OF	F):	ndarlying	cause g	given in	Part I.	24s. WAS AN / PERFORI	MED?	24b.	AVAILABLE PRIOR TO
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if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO NEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Per 2 Accident 3 Suicide 8 Condet 29a. CERTIFIER (Check only one) MEDICA MEDICA	conditions MEDICAL Inding estigation and not be termined syring Physici	DUE TO (DUE TO (Contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contribution to contributi	DR AS A CONSE DR AS A CONSE Jeath but not ER/Outpellent: NJURY NJURY NJURY At htc. (Specify)	COUENCE OF COUENCE OF	OTHER 4 Num	26. PL 3: sling Home 28c. INJL WOF 1	ACE OF DID 5 To Re 1 DE 1 I DE 1	EATH (Che sidence NO NCE and due	8 Ott 28d. 04 S	PERFORI One) OF (Specify) ESCRIBE HOW IN UBJEC' CATION (Street or Town, State) EN ARD	JURY OCCIL HA	CUREO ANGE J'OH N MAF	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? DATES 2 NO D SELF POCATION AVEN
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Items: 23 part I,27 per MEO G-685 3/27/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 . S	OR TATE EGISTRAR	STATE OF MARYLAND /	DEPARTMENT		MENTAL HYGIEN	IE	
J	EDENT'S NAME (First, Middle, Lest)	Brent	SA	AUNDERS	2. DATE OF DEATH 02 20	AY 1992AR	3. TIME OF DEATH 11:50 A M
21	7-33=1888	5. SEX 6. AGE (In yrs. less	YRS. F UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry) Yland
	HNS HOPKINS			TIMORE Ci		9c. COUNTY OF	
10e. ST	7	one	10c. CITY, TOWN OR	ltimore (lity		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	TREET AND NUMBER 743 E. North		floor	101. ZIP CODE 21.21.3	or or		WHAT COUNTRY?
11. MA/	RITAL STATUS Lever Merried 2 Merried Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 THE YES, GIVE WAR OR DATES	MED 13. W	AS DECENDENT OF HISPA yes, specify Cuben, Mexic YES 2 NO Speci	an, Puerto Rican, etc.)	e or No— 14. RA Bla Spi	CE American Indian, lock, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade mentary/Secondary (0-12)	College (1-4 or 5 +) (G	CEDENT'S USUAL OCC ive kind of work done du . Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BU	SINESS/INDUSTRY	281014
NO 17. FATI	One HER'S NAME (First, Middle, Lest)	none	none	18. MOTHER'S NA	AME (First, Middle, Maiden	none Surname)	
J.	ohn B. Saund	ers, Sr.			sa Edison		
O 194. IN	ren Smith			Street end Number or Rural Onaparte			Md. 21213
1X Bu	ETHOD OF DISPOSITION uriel 2 Cremetion 3 Rem	20h PLACE	AND DATE OF DISPOSIT	3ON (Name of	OATE 200 LC	CATION - City or	
	onation 5 Other (Specify)	CENSEE CAUSE	() 22. N/Ca	ame and address of fall livin B. S	Cruggs F	uneral	Home 2121 Maryland
diseas	DIATE CAUSE (Final	Sudden Infar DUE TO (OR AS A CONSEC	nt Death	Syndrome			Interval Between Onset and Death
If any,	santially list conditiona, , issding to immediats b. Enter UNDERLYING E (Disease or injury	DUE TO (OR AS A CONSEC	QUENCE OF):				
that in	nitiated events ling in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				
WEDICAL	II. Other algolficant condition	a contributing to death but not r	esuiting in the und	erlying causs given in	Part I. 24a. WAS AN PERFOI	RMED?	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
25. WAS	S CASE REFERRED TO MEDICAL AMINER? [IXES 2 NO	HOSPITAL:	OTHER:				
27. MAN	Netural Sanding	28e. DATE OF INJURY (Month, Day, Year)		Bc. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW	NJURY OCCURED	
3 3 4	Accident Investigation Suicide 6 Could not be determined	28a, PLACE OF INJURY — At ho building, etc. (Specify)	me, ferm, street, factor		281. LOCATION (Street City or Yown, State)	end Number or Rura	Route Number,
		CIAN: To the best of my knowledge, de					(e) end manner ee stated.
296.	CHATURE AND TITLE OF CENTURIES		_{AM}	O . C . M	MBER		O (Month, Day, Year)
	1sry prior	O COMPLETED CAUSE OF OEATH (ITE		N ST. BAL	TIMORE, MA	ARYLAND	21201
31. DATI	EB 24 1992	32. REGISTRAR'S SIGNATURE	ue_				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1. DECEDENT'S NAME (First, Middle, Lest)	THUR	THOM	A-S			2. DAT	TE OF DEATH		EAR	TIME OF OEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX					7	- 20	47		10 48
	218-05-4149	1 M 2 F	B. AGE (In yrs. la.	et birthday) YRS.	MONTHS DAY			TE OF BIRTH onth, Day, Year)	8.	BIRTHPL/ Country)	MCE (State or Foreig
	9e. FACILITY NAME (If not institution, give s		82	THS.				/21/190		N.C	4.0
Œ.	Liberty Medica				10.	N OR LOCATION C			9c. COUNTY	OF DEAT	Н
DIRECTOR	RESIDENCE OF DECEDENT	r center			Baltimore City						
2	10a. STATE 10b. COUNTY	Y		10c. CfT	Y, TOWN OR LO	CATION				10	d. INSIDE CITY LIMITS?
	Md. 100. STREET AND NUMBER					timore (City			1 (YES 2 N
FUNERAL		er Street				101. ZIP CODE			10g. CITIZE	OF WHA	T COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEOENT		RMEO	12 W4 C D	212		Mary (Constituting Mary		LIS	American Indian
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2 3		If yes,	specify Cuben, Me	xicen, Puert ecily:	o Rican, atc.)	O NO.	Specify:	hile, etc.
	15. OECEDENT'S EDUC (Specify only highest grade		16e. DE	CEDENT'S	USUAL OCCUPA work done during	TION	11	Bb. KIND OF BUS	SINESS/INOUS		egro
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	- Life	. Do NOT u	se retired.)	most of working					
COMPLET											
	17. FATHER'S NAME (First, Middle, Last) Sandy Tho	mac				18. MOTHER'S		, Middle, Maiden			
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2	Pearl Plato					et and Number or R				de)	
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U	PADT II Other significant condition	d									
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ᇤᆘ	27. MANNER OF DEATH 1 Metural 5 Pending	26e. DATE OF II (Month, Day		26b. TIM INJ	URY	NJURY AT VORK?	26d. Di	SCRIBE HOW IN	JURY OCCUR	ED	
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₽	O COUNT HOLDS	building, e	tc. (Specify)		, 133131), 311		Cit	CATION (Street as y or Town, Stete)	na Number or r	HUMI MOUTE	Number,
ED BY	4 Homicide determined										
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ETED BY	20e. CERTIFIER 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER	R: On the basic of exa	AHD OF DEATH (ITEE	investigatio	n, in my opinion,	death occured at	the time, det	ituse(s) end menite end piece, end	29d. DATE SI		

7 & 18 per F.H. G-684 2/28/92 reb Items:

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TOTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The first DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be formed for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 2, 3 should be detached for use 2, 3 should be detached for use 2, 3 should be detached for use 3, 3 should be detached by the pages 3, 3 should be detached for use 3, 3 should be detached by the pages 3, 3 should be detached by the pages 4, 3 should be detached by the pages 4, 3 should be detached by the pages 4, 3 should be detached by the pages 4, 3 should be detached by the pages 4, 3 should be detached by the pages 4, 3 should be detached by the pages 4, 3 should be detached by the pages 4, 3 should be detached by the pages 4, 3 should be detached by the pages 4, 3 should be detached by the pages 4, 3 should be detached by the pages 4, 3 should be detached by the pages 4, 3 should be detache BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4 DECEMBER MARKET CO		CERTIFIC	ATE OF DE	TH AND ME	NTAL HYGIEN REG. NO.	t .	
1. DECEDENT'S NAME (First, Middle, Last	t)				DATE OF DEATH	Y YEAR	3. TIME OF DEATH
LUCIEN	М.		TYSON	0	2 22	1992	9:57 A
4. SOCIAL SECURITY NUMBER 214-16-8465		140	UNDER 1 YEAR IF UND	ER 24 HRS. 7. 1	DATE OF BIRTH (Month, Day, Year 2 /	21/18 8. BIR	THPLACE (State or Foreigntry)
	1 💢 M 2 🗆 F	74 YRS.			1/16/191		I.C.
Sa. FACILITY NAME (If not institution, give		96	CITY, TOWN OR LOCA	TION OF DEATH		9c. COUNTY OF	DEATH
3600 W. FRANK		I	BALTIMOR	£			
10a. STATE 10b. COUN		10c, CITY, TO	OWN OR LOCATION				10d. INSIDE CITY
Md.							LIMITS?
10e. STREET AND NUMBER			Baltimore	City		10- CITIZEN OF	1 TYPES 2 NO
3600 Franklin	C+ 7m+ 10 0		10.1.2.11			iog. Citizen or	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT	21216	DIGINA (Casally Van		USA CE - American Indian,
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cu	ban, Mexican, Pu	erto Rican, etc.)	Bla	ick, White, atc.
3 Widowed 4 Divorced	WII 1943-		1 TYES 2 XN	O Specify:		Spe	ectly:
16. DECEDENT'S ED	DUCATION	18a. DECEDENT'S USL	JAL OCCUPATION		16b. KIND OF BUS	INESS/INDUSTRY	Negro
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of wor tired.)	king			
11							
17. FATHER'S NAME (First, Middle, Last)			16. MC	THER'S NAME (First, Middle, Maiden	Sumame)	
He	enry Tyson			allie	catton S	cotton	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	ORESS (Street and Numi				
Mae Sheppard			albrook Av			216	
20a. METHOD OF DISPOSITION	201	D. PLACE AND DATE OF D	ISPOSITION (Name of	C Dairte		CATION — City or	Town, State
ty Burial 2 ☐ Cremation 3 ☐ Ra 4 ☐ Departion 5 ☐ Other (Specify)	moval from Stata cen	Garrison	Forest Ce	m . !	Ra	Ito Cou	hts Ma
21. SGNATURE OF FUNERAL SERVICE I	LICENSEE		22. NAME AND ADDI		Y	TW WI	HLV alvot
Joseph	9 /	0	Joseph L.	Russ F	uneral F	ome	
23. PARY I. Enter the disesses, or	J. Kuaj		Joseph L. 2222 W.	North A	we. Balt	o. Md.	21216
	DUE TO (OR AS	CONSEQUENCE OF):	teribsal			2,860	28
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):					
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	oue to (or as A	A CONSEQUENCE OF):	he underlying cause	given in Part	I. 24a. WAS AN PERFOR	MED?	I.b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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1 - STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX	SPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be
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1	44

	1. DECEDENT'S NAME (F	irst, Middle, Last,	TRO	Atom					2. DAT	TE OF DEATH	9	YEAR 3	3. TIME OF DEATH
	4. SOCIAL SECURITY NU 213-30-344	3	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. 58	lest birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH rith, Day, Year) 29/1933		Country)	LACE (State or Fore)
TOR	9a. FACILITY NAME (# no Greater Ba	lto. Me		nter		7	TOWN	OR LOCATION OF D			9c. COUN	TY OF DEA	
RECTO	10a. STATE	10b. COUN	тү		10c. CIT	TY, TOWN OF	R LOCA	TION					Od. INSIDE CITY
ā	MD.		ockeysvi	lle		Tow	son						LIMITS? YES 2 N
FUNERAL	10e. STREET AND NUMBE	200					10	f. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
NE I	309 Lord E	Byron I	12. WAS DECEDE	NT EVER IN II Q	ADMED	T 42 W	TO DE		030			USA	
BY	1 Never Married 2 (FORCES?	YES 2 WART OR DATES	NO	H.	yes, sp	CENDENT OF HISPA Hecify Cuban, Maxic B 2 NO Speci	an, Puart	o Rican, atc.)	or No-	Black, Specify:	– American India White, atc.
	15, D (Specify of	ECEDENT'S ED	UCATION	16a. I	DECEDENT'S	S USUAL OCI	CUPATI	ON Control of working	.10	Sb. KIND OF BUS	SINESS/INOU	Negro	
PLET	Elementary/Secondary		College (1-4 or 5		ife. Do NOT u	ise retired.)	anny m	ist or working					
COMPL	17. FATHER'S NAME (First,							18. MOTHER'S NA	AME (First	, Middle, Maiden	Surname)		
BE	Walter 19a. INFORMANT'S NAME	Berma	n					Lilli	an N	lae Tra	fton		
2	Charleat		Hook					n Lane,					1030
	20s. METNOD OF DISPOS	HTION							-				
	1 St Burlat 2 Crema 4 Donation 5 Dott	tion 3 Rar ner (Specify)	remetory or o	ANDDATE OF DISPOSITION (Name of meppry or other place) TISON Forest Cem. DATE 20c. LOCATION — City or The place) Baltimore									
	21. SIGNATURE OF FUNE	RAL SERVICE L	ICENSEE			22. N	AME A	ND ADDRESS OF FA				IC C	Jurcy
	Tos	ink,	L. le	41/		Jo	sep	h L. Rus W. North	s Ft	neral :	Home	211	216
RTIFICATION	Sequentially flat cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA	nediate LYING njury	c	OR AS A CONS			-						
CE	PART II. Other algolfic	cant conditio	na contribution to	don't but not	no ne albimo	1- 45	4.1					_	<u> </u>
EDICAL	Sepsi	3	Tale Contributing to	Geath but not	reauiting	in the und	erlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	A	ERE AUTOPSY FIN WAILABLE PRIOR T OMPLETION OF CA F DEATH?
Z Z												1	YES 2 N
SICIAN	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:		ACE OF DEATH (Ch					
PHY	27. MANNED OF DEATH		28a. DATE OF (Month, D		26b. TIM	_	Bc. INJ	URY AT		SCRIBE HOW II	JURY OCCU	JRED	
B⊀	1. Natural 5 [2 Accident	Pending Investigation				M	1 🗆 1	YES 2 NO					
ETED	3 Sulcide 8 4 Homicide	Could not be detarmined	28e. PLACE C building,	OF INJURY — At h etc. (Specify)	iome, farm, i	atreet, factor	y, offic	•	28f, LO C/r	CATION (Street a y or Town, State)	nd Number o	Rural Rou	te Number,
COMPL	(Check only one) 2 ME	RTIFYING PHYS	ER: On the best of a	f my knowledge, o	leath occurre	ed at the tim	e, data	and place, and due	to the co	suse(a) and man	ner sa stated	1,	4
	29b. SIGNATURE AND TITL							29c. LICENSE NUI		s and prace, and			
O BE	12	en 11	4idd	4				A IT	17	1	DATE:	SIGNED (M	Conth, Day, Year)
ĭ	30. NAME AND ADDRESS	OF PERSON W	10 COMPLETED CAU	SE OF DEATN (IT	EM 27) (Type,	, Print)		Λ.	70			7/	
	<u>'</u>	BIDE	160 u	-1	740	100	56	- h.	/	8 win	, we	1 ~	1204
	FFR 24	1992	SZ REGISTRA	AR'S SIGNATURE	delle								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

(-		serme Pages 1, 2, 3 should	
	BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending property	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the complete arm of Pages 1, 2, 3 should the State Debt, of Health and Mental Hybiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending mine an	TO THE FUNERAL DIRECTOR: After this ceruincare has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, creation, or removal.	IMPORTANT: il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	OTALE OF MARKIE		TE OF DEATH	MENTAL HYGIEN	_	
1. DECEDENT'S NAME (First, Middle, Le	91)			2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
Emma		son		2 2		4:59 P.
4. SOCIAL SECURITY NUMBER		MONTHE	DER 1 YEAR IF UNDER 24 HRS. S DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign ntry)
212-48-0613	1 □ M 2 戻 F 44	YRS.	DATS HOURS WIN.	6-24-47		Md.
9a. FACILITY NAME (If not institution, gh	ve street and number)	9b. CI	TY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	OEATH
Johns Hopki	ins Hospital		Baltimore	City		
10e. STATE 10b. COU		10c, CITY, TOWN	N OR LOCATION			10d. INSIDE CITY
Md						LIMITS?
10e. STREET AND NUMBER		Ва	ltimore 101, ZIP CODE		10a CITIZEN OF	1 TYYES 2 NO
2200 71	4					
3307 Elmora A	12. WAS DECEDENT EVER IN	U.S. ARMED 1	3. WAS DECENDENT OF HISPA		U.S.	
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerto Rican, etc.)	Ble	CE — American Indian, ick, White, atc.
3 Widowed 4 Divorced			I I I I I I I I I I I I I I I I I I I	ny.	B	lack
15. DECEDENT'S E (Specify only highest gro	DUCATION ade comoleted)	16a. DECEDENT'S USUAL	OCCUPATION ne during most of working	16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired	1.)			
12		Childre		Balta		ity
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Malden	Sumame)	
Jeff L. Daz 19a. INFORMANT'S NAME (Type/Print)	is			y L. Que		am
			ESS (Street and Number or Rura		,,	
Joel A. Tyson			mora Ave.	Baltimore	Md.	21213
20a. METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Re	emoval from State cem	PLACE AND DATE OF DISPO etery, crematory or other place	ce)		CATION — City or	
4 ☐ Donation 6 ☐ Other (Specify)	A	rbutus Me	morial Par	k2-26-92	Baltim	oer. Md.
21. SIGNATURE OF FUNERAL SERVICE	District /	22	2. NAME AND ADDRESS OF F	ACILITY		
Albut	Much	τ	Leroy Ha	nnie 6381	I Cilm	on S+ 97
immediate cause (Fine disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	c	CONSEQUENCE OF):	MWASCL	um Diga	משל	
CAUSE (Disease or Injury	OUF TO (OR AS A					
	dd.		underlying ceuse given in	Pert i. 24a. WAS AN PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUS
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other significant condit	d		underlying ceuse given li	PERFO	RMED?	AVAILABLE PRIOR TO
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CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condit DY SS VIY 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending	d. HOSPITAL: Impetent 2 (X ER/Output/Month, Day, Year)	ut not resulting in the u	26. PLACE OF DEATH (C	PERFOI 1 Dres :	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other aignificant condit CY2 CS VIY 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending	HOSPITAL: 1 Inpetion: 2 (X ER/Outp 28e. DATE OF INJURY (Morth, Day, Year) 28e. PLACE OF INJURY Debuilding, etc. (Spec	etient 3 DOA OTHE	26. PLACE OF DEATH (C ER: uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFOI 1 DES :	NJURY OCCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condit DY SS UT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 To YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending investigation 2 Accident a Could not a determined the condition of the could not a condition of the co	HOSPITAL: 1 Inpetion: 2 (X ER/Outp 28e. DATE OF INJURY (Morth, Day, Year) 28e. PLACE OF INJURY Debuilding, etc. (Spec	etient 3 DOA 4 NI 28b. TIME OF INJURY M — At home, farm, street, fa	26. PLACE OF DEATH (C ER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO sectory, office	PERFOLITION (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State)	NJURY OCCURED and Number or Rure	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,
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CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condit DY SS VY 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation (President of Medical Examined) 2 Accident determined 2 CERTIFIER (Check only one) 2 MEDICAL EXAMINERY 2 MEDICAL EXAMINERY	HOSPITAL: 1 Inpatient 2 X ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Special etient 3 DOA OTHE 4 NUMBER OF NUMBER	26. PLACE OF DEATH (CER: 28c. INJURY AT WORK? 1 YES 2 NO sectory, office e time, date and place, and du y opinion, death occured at the	PERFOLITION (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State, e to the cause(a) and mae time, deta and place, and	NJURY OCCURED and Number or Rure nor as stated, and due to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number, (a) and manner as stated.	
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who against To-

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (F)		Kawecki	IIta						2. DATE OF I	DAY	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs. les	at hirthrian)	IF UNDER	1 VEAR	III (IMOE	R 24 HAS,	7. DATE OF E	.22, 199		
	217-26-9		1 🗆 M 2 💢 F	82		MONTHS	DAYS	HOURS	MIN.	(Month, De	05/09	Countr	PLACE (State or Foreign aryland
5	90. FACILITY NAME (# 100 North Al	rundel	Hospital					Burn		EATH		ine A	eath cundel
DIRECTOR	10e. STATE Md	10b. COUN	ne Arund	el	10c, CI1	ry, town o	I LOCAT						10d, INSIDE CITY LIMITS?
ERAL	7150 Ric	ige Roa	ad				101	t. ZIP COE	1076		10g. CI	TIZEN OF V	1 YES 2 NO
BY FUN	11. MARITAL STATUS 1 Never Merried 2 [3 Widowed 4 Di	_	FORCES?	NT EVER IN U.S. AR 1 YES 2 XI WAR OR DATES	RMED	1	yes, sp		en, Mexica Specif	in, Puerto Ricen	pecify Yes or No— i, etc.)	Black	— American Indian, , White, etc.
PLETED	15. 0 (Specify of Elementary/Secondary 5th	ECEDENT'S ED only highest grad (0-12)	UCATION le completed) College (1-4 or 5	+) (G					ing		o of Business/in	IDUSTRY	
E COMP	17. FATHER'S NAME (First, George I				oubc			18. MOT			s, Maiden Surname)		
TO B	19a. INFORMANT'S NAME Gloria 1			19		0 Ric				Route Number, C	Ver	(ip Code)	21076
	20a. METHOD OF DISPOS 1 Suriel 2 Crema	tton 3 🗆 Rer	novel from State	20b. PLACE / cemetery, cre	ANDDATE	OF DISPOSI	TION (Na	ame of		OATE /25/92	20c. LOCATION -		vn, Siste
	21. SIGNATURE OF FUNER		ICENSEE	Sac	rea	Heart	AME AN	NO AODRE	SS OF FA	CILITY AM	brose Fu	inera.	
	1	Co:	£ =	- L	5		132	8 Su	lphu	r Spri	ng Road,	Arbu	itus,Md
CERTIFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	nediate YING njury	e TIU	O (OR AS A CONSECUTION OF	OUENCE O	F):				re.			
MEDICAL	PART II. Other signific	cant condition	ns contributing to	death but not r	101	In the und	lerlying	g csuse	given in	-	WAS AN AUTOPSY PERFORMEO? YES 2 NO	24b.	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	The second		OTHER			_	eck only one)			
PHY	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, E		28b. TIM	T .	28c. INJI WO			8 Other (Spe 28d. OESCRIB	E HOW INJURY OF	CCURED	
TED BY	2 Accident 3 Suicide 8 Homicide	Investigation Could not be determined	28e. PLACE C building,	OF INJURY — At hor atc. (Specify)	me, farm, :	street, facto			J	28f. LOCATION City or Tox	N (Street and Number vn, Stete)	er or Rural A	oute Number,
OMPLET			SICIAN: To the beat of										end manner ee stated
BEC	296. SIGNATURE AND TITE			DINS		m, m my op	mon, de		ENSE NUM				end manner ee stated. (Month, Day, Year)
۵ ا	30. NAME AND ADDRESS	OF PERSON WI	O COMPLETED CAU	SE OF DEATH (ITEM	W 27) (Type,	Print)		1)		11		3/1	5 7 2
	FEB 2	()(Par)	32 AEGISTRA	M'S SIGNATURE	nde 99								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Lest)	WYLIF	2. DATE OF DEATH MONTH DAY
LIZZIL	F OFF	

9c. COUNT 10g. CITIZE 10g. CI	8. BIRTHPLACE (State or For Country) S.C. ITY OF DEATH 10d. INSIDE CITY LIMITS? 1 M YES 2 ZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Inclus Black, Whita, etc. Specify: BLACK USTRY HOSPITAL
9c. COUNT 10g. CITIZE 10g. CI	S.C. ITY OF DEATH 10d. INSIDE CITY LIMITS? 1 1 YES 2 ZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American India Black, White, atc. Specify: BLACK
usiness/inou HOME on Surname)	10d. INSIDE CITY LIMITS? 1 M YES 2 TEN OF WHAT COUNTRY? U.S.A. 14. RACE — American India Black, Whita, atc. Specify: BLACK
USINESS/INDU HOME on Surname) wwn, State, Zip C	LIMITS? 1 K YES 2 TEN OF WHAT COUNTRY? U. S. A. 14. RACE — American India Black, White, etc. Specify: BLACK
USINESS/INDU HOME on Surname) wwn, State, Zip C	LIMITS? 1 K YES 2 TEN OF WHAT COUNTRY? U. S. A. 14. RACE — American India Black, White, etc. Specify: BLACK
USINESS/INDU HOME on Surname) wwn, State, Zip C	U.S.A. 14. RACE — American India Black, White, etc. Specify: BLACK USTRY
USINESS/INDU HOME on Surname) wwn, State, Zip C	14. RACE — American India Black, White, atc. Specify: BLACK
HOME on Surname) way, State, Zip of TIMORE	Black, White, atc. Specify: BLACK USTRY
HOME on Surname) own, State, Zip C	USTRY
on Surname) wn, State, Zip (TIMORE	HOSPITAL
on Surname) wn, State, Zip (TIMORE	HOSPITAL
own, State, Zip C TIMORE	
TIMORE	
TIMORE	
	Code) E, MD 21213
LTIMOR	City or Town, State
. NORT	TH AVENUE
ORMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH? 1 □ YES 2
V INJURY OCC	CURED
et and Number (or Rural Route Number,
nanner as state and due lo lhe	ed. se cause(s) and manner as s
29d. DATE ▶ Z,	E SIGNED (Mogrin, Day, Year)
Accompliant	AN AUTOPSY ORMED? 2 NO W INJURY Occupet and Number stel)

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ON OF VITAL RECORDS, P.O. BOX 68760	AND DESCRIPTION OF THE PERSON AND ADDRESS OF THE PERSON OF
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	permit. Pages 1, 2, 3 shou		
pital or attending physician.	d for use as the burial-transi-		
may be retained by the hosp	tor, page 5 should be detache		ust be notified at once.
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou	ation, or removal.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
certificate be executed within	nding physician and complete	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or other traumatic event,
ne law requires that the death	has been signed by the afte	: Dept. of Health and Mental	n 23 shows any injury, o
ATTENDING PHYSICIAN: TH	IECTOR: After this certificate	rs after death with the State	n 28 is marked, or iten
TO THE PHOSE DAL OR	TO THE ABSTRALL DIR	be filed within 72 hour	IMPORTANT: If Iter

04979 92 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Benjamin Perruary 3. TIME OF OEATH 1992 Williams 210 4. SOCIAL SECURITY NUMBER 8. AGE (In vrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS HOURS 89 1 XM 2 F 217-05-1937A YRS. 7-5-1902 VIRGINIA Sa. FACILITY NAME (If not institution, give street and number)
Maryland General Hospital 9b. CITY, TOWN OR LOCATION OF DEATH
Baltimore City 9c. COUNTY OF OEATH DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21216 2827 CLIFTON AVENUE USA. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE --- American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INQUISTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) AUTO MECHANIC CHRYSLER PLYMOUTH 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) JULIA WEAVER SPENCER WILLIAMS 38 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2827 CLIFTON AVENUE, BALTIMORE, MARYLAND 21216 MARIE WILLIAMS 20a. METHOD OF DISPOSITION
1X3 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE ARBUTUS MEMORIAL PARK ARRITUS MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. BOX 4433 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failura. List only one cause on each lina.
Congestive heart failure Intarval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) maestive eat years. OUE TO GOR AS A CONSEQUENCE OF ACTION OF CONSEQUENCE OF CONSEQUENC cardiov COIN CERTIFICATION Sequantially list conditions, QUE TO (OR AS A CONSEQUENCE OF) If any, laeding to Immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

Peripheral vascular disease 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL PYL 1 - YES 2 - 100 DE DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Supplient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 26d. DE\$CRIBE HOW INJURY OCCURED 17 Natural 5 Pending 1 YES 2 NO 84 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
//Chack only
//CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) **BE**

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FEB 2 4 1992

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32. REGISTRAR'S SIGNATURE a Davidson-Randall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ). Print)

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Street

Dothin

	1. DECEDINT'S NAME (First, Migdle, Last,	(1	i /		ICATE OF	DEA	П	2. DATE OF MONTH	DEATH D	NY /	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	15. SEX 1	8. AGE (In yrs. lest bi			1		FYS	21	9	2	1100 P
		1 M 2 F		YRS.	MONTHS DAYS	HOURS	MIN.	7. DATE OF (Month, De	ly, Year)		8. BIRTH Countr	IPLACE (State or Foreign ry)
	215-30-9728 9e. FACILITY NAME (If not institution, give	Λ	56	tns.				6-14-	-35			Md.
DIRECTOR	University Ho.				Baltim			EATH		9c. COU	NTY OF D	EATH
Ü I	10a. STATE 10b. COUN		1	IOc. CIT	Y, TOWN OR LOCAT	ION			_			10d, INSIDE CITY
	Md.				Balti							LIMITS?
١	10e. STREET AND NUMBER					ZIP COI				10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	2912 Garrison	RINA A	n+ 3B		100	272	16			11.5	7 /	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARME	D	13. WAS DEC	ENOENT	OF HISPA	NIC ORIGIN? (S	pecify Yes		-	E American Indian, k, White, atc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 NO				en, Maxica Specif	in, Puerto Rica fy:	n, etc.)		Speci	
	15. DECEDENT'S ED (Specify only highest grad	UCATION fe completed)	16a. DECEI	DENT'S	USUAL OCCUPATION	ON at ad word	da a	16b. K#	O OF BUS	SINESS/IN		ack
Ē	Elementary/Secondary (0-12)	Coffege (1-4 or 5+	ille. Do	NOT us	work done during mo se retired.)	St OF WORK	ang					
COMPLETED				Ho	omemake	r		Ho	use			
3	17. FATHER'S NAME (First, Middle, Last)					16. MO	THER'S NA	ME (First, Midd	le, Maiden	Surname)		
BE	Aruthur Terry	Sr.						2 Quic				
o II	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Street a							
	Carolyn Brown		19	37	Maulsb	u B	alti	more.	Md	212	237	
	20a METHOD OF DISPOSITION 1 W Burlel 2 Cremation 3 Ref	noval from State	20b. PLACE AND	DATE	OF DISPOSITION (Na	me of	5 12	OATE	20c. LO	CATION —	City or To	wn, Stata
	4 Donation 6 Other (Specify)		Weste:	rn			2-	25-92	Ca	tons	221.7	Le. Md.
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			22. NAME AN		ESS OF FA	CILITY				
-53	tilkut,	Wille			Lero	y He	arri	s 638	N.	Gil	mor	St. 2121
	23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death)		on as a conseque		conia,	Lo	-	Syno	her		reat,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· (1)	OR AS A CONSEQUE	NCE O	auch	he	au	se ha		reu	cys.	12 days
SCAL	PART II. Other aignificant condition	ns contributing to	deeth but not resu	uiting	In the underlying	ceuse	given in		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
¥									, ,			1 YES 2 NO
Z I	25. WAS CASE REFERRED TO MEDICAL			-	28 PI	ACE OF I	DEATH #06	eck only one)				Jib.
3	EXAMINER?	HOSPITAL:	ER/Outpetient 3	204	OTHER:		-					
PHTSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF (Month, Da	NJURY 2	8b. TIM	URY WO	JRY AT		28d. OESCRI		JURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF building, e	INJURY — At home, itc. (Specify)	form, s		E\$ 2	NO	281. LOCATIO City or To	N (Street a	nd Number	or Rural R	loute Number,
COMPLET	29a. CERTIFIER CERTIFYING PHYS	To the best of r	ny knowledge, dasth	occum	ed at the time, data	and place	e, and due	to the cause(s) and man	ner as stat	ed.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												and manngr as stated.
	196. SIGNATURE AND TITUE OF CENTURE						ENSE NUI		T			(Month Day, Year)
BE	T DE	1				200. 200				Þ /	2/2	1/07
임	AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITEM 27	7) (Type,	Print)		. /				10	176
	Arthur Di	Patri	Maria		Md	1	651	1	50	1/1	ne	el
	31. DATE FILED (Month, Day, Year)	23. REGISTRAF	NO CACALATURE	_	7	70	-/		000	1 11	(=	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. This ster death. Page 6 may be tritained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific: 3 be executed within 24 mours after death, P.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
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1 - FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	TMENT OF I		MENT	AL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Mich	1 A.	ANDER	(2. DAT	E OF DEATH	92 YEAR	3. TIME OF DEATH
4., SOCIAL SECURITY NUMBER 235-18-8949	1XXM 2 🗆 F	AGE (In yrs. last birthday) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	May	e of Birth (1905)	Evar	ston, Illino
98. FACILITY NAME (If not institute WILSON H RESIDENCE OF DECED	EALTH CAR	RE	GA F	THER S	DEATH S BL	PG in	MONT	Gomery
Mayyland	Montgomery		thersbu					10d. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER 211 Russell 11. MARITAL STATUS	Avenue		10	20877		10g		S.A.
3√X Widowed 4 □ Divorced	12. WAS DECEDENT EVEN FORCES? 1 X X X X X X X X X X X X X X X X X X	YES 2 NO	If yes, sp	ecity Cuben, Mexic	can, Puarte	IN? (Specify Yea or No o Rican, alc.)		- American Indian, Whita, alc. White
15. DECEOEN (Specify only high Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, John Anders	IT'S EOUCATION lest grade completed) College (1-4 or 5+)	life. Do NOT use	rork done during me	st of working		United St		2777
17. FATHER'S NAME (First, Middle, John Anders		OTVII	<u> </u>	18. MOTHER'S N	AME (First	, Middle, Maiden Surna sterberg		avy
Glenna Miller	rint)	196. MAILING 1933 N	.West Be	nd Number or Aura	,0ak	mber, City or Town, State Harbor, W	e, Zip Code) Vashing	ton 98277
20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 CCOORDINGS 5 Other (Soci	ON)()	206. PLACE AND DATE O GEO . WASH . U	niv. Med	School	2-3-	92 Washi	N - City or To .ngton,	D.C.
21. SIGNATURE OF FUNCTIAL SET	Macrin	<				Services		
ahock, or heart iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	ea, or complications that cause of failure. List only one cause of a	as a consequence of	-	da of dylng, su	ch aa ce	rdiac or reapirator	y arreat,	Approximata intervel Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inkited events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE OF):					
PART II. Other algorificant of	onditions contributing to deal	th but not resulting in	the underlying	cause given in	Part I.	24a. WAS AN AUTOI PERFORMED? 1 UYES 2		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEI EXAMINER?	HOSPITAL:		26. PL QTHER:	ACE OF DEATH (C	heck only o	one)		
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendi	1 Inpatient 2 ERA 28a. DATE OF INJU (Month, Day, Yea	Outpatient 3 DOA PY 28b. TIME	OF 28c. INJ	JRY AT RK?	_	er (Specify) SCRIBE HOW INJURY	OCCURED	
2 D Sudalda	building, stc. (URY — At home, farm, at Specify)		ES 2 NO	28f. LO	CATION (Street and Nur or Town, State)	mber or Rural R	oute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYIN 2 MEDICAL E	G PHYSICIAN: To the best of my ki	nowledge, death occurred	of at the time, date	and piece, and du	e to the ca	suse(a) and manner as	atated.	
296. SIGNATURE AND TITLE OF C		00-	mD	29c. LICENSE NU	MBER	294	DATE SIGNED	(Month Day Year)
30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAUSE OF	0 0		Je Gos	the	repard	me	2000
31. DATE FILED (Month, Day, Year) FFR 0 3 1	32. REGISTRAR'S S	SON-Randole		,	17)	a card	· · · · ·	&CO.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FEB 0 4 1992

32. AGISTRANT SIGNATURE Pandall

once.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

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TY NURSING CIENT CALVERT 12. WAS DECEDEN	89	YRS.	9b. CITY,	DAYS TOWN	HOURS MI	03	onth., Day, Year)	2	WASH:	
TY NURSING CI	ENTER	10c. CIT	PRI				_			
CALVERT	SNTER	10c. CIT		NCE				9c. COUN	TY OF DEA	тн
CALVERT 12. WAS DECEDEN		10c. CIT			FREDE	RICK		CALV	ERT	
12. WAS DECEDEN		1	Y, TOWN O	R LOCAT	TION				10	d. INSIDE CITY
			LUSE	SY					1	LIMITS?
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forces? 1 IF YES, GIVE W	YES 2 X		11	yes, sp	ecify Cuban, Me	PANIC ORI kican, Puer ecify:	GIN? (Spectfy Yea to Rican, etc.)		14. RACE — Black, V	American Indian, White, Pan
NT'S EDUCATION	16a. D	ECEPENT'S	USUAL OC	CUPATIO	ON	1	6b. KIND OF BUS			
	·)	e. Do NOT us	se retired.)	luring mo	st of working		OWN	HOME		
							t. Middle, Maiden :			
	19	9b. MAILING	ADDRESS	(Street e				, State, Zip C	Code)	
ISON	8	35 B1	G RO	AD,	LUSBY,	MAR	YLAND 2			
☐ Removal from State	20b. PLACE	AND DATE O	of DISPOSI	TION (Na	me of	06-10	ATE 20c. LOC	ATION — CI	ity or Town	State
	Rom		FR	ÂNC)	LS GASC	H'S'S	SONS FUN	VERAL	HOME	, P.A.
a. END ST	TAGE C	014CE	STIVE					atory arra	st,	Approximate interval Between Onset and Death 48 hours
SEP. OUE TO C. DE	SIS (OR AS A CONSE MENTIA	OUENCE OF):							24 hours
onditions contributing to	desth but not	resulting i	n the unc	lerlying	cause given	In Part I.	PERFORM	ED?	AM	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE
							1 TYES 2	D NO	OF	DEATH?
DICAL		_		26 PI	ACE OF DEATH	Chack only	200)			
HOSPITAL:	FR/Outpetlant 1	3 [] DOA								
28e. DATE OF	INJURY	28b. TIME	OF :			7		ILIBY OCCI	DEO	
igation			JRY M	1 🗌 Y	RK?			0000	NED	
building,	FINJURY — At he atc. (Specify)	ome, 1erm, si	lreet, factor	ry, office		281. LC	CATION (Street en y or Town, State)	d Number or	Runii Routi	Number,
G PHYSICIAN: To the best of ex	my knowledge, de amination end/or	eath occurre	d et the tim	ne, date i	and place, end of	ue to the c	ause(s) and menn	er as stated	ceuse(s) en	d menner es stated.
ERTIFIER					29c. LICENSE N	UMBER			SIGNED (Mo	
	College (1-4 or 5 or 0 or 1 or 1 or 1 or 1 or 1 or 1 or 1	College (1-4 or 5 +) College (1-4 or 5 +)	College (1-4 or 5+) College (1-4 or 5+) HOUSEW Last) Print) 19b. MAILING 835 B] 20b. PLACE AND DATE Chyl EDAR HILL Removal from State Chyl EDAR HILL See, of complicatione that caused the death. Do not fellure. List only one cause on each line. SEPSIS DUE TO (OR AS A CONSEQUENCE OF DEATH OF INJURY (Month, Day, Year) Ling ligation 28e. DATE OF INJURY At home, 1erm, significant of the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of examination end/or investigation certifier PHYSICIAN: To the basis of exam	College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) HOUSEWIFE 19b. 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MAILING ADDRESS (Street and Number or Rural Roude Number, City or Rown 19. MAILING ADDRESS (Street and Number or Rural Roude Number, City or Rown 19. MAILING ADDRESS (Street and Number or Rural Roude Number, City or Rown 19. MAILING ADDRESS (Street and Number or Rural Roude Number, City or Rown 19. MAILING ADDRESS (Street and Number or Rural Roude Number, City or Rown 19. MAILING ADDRESS (Street and Number or Rural Roude Number, City or Rown 19. MAILING ADDRESS (Street and Number or Rural Roude Number, City or Rown 19. MAILING ADDRESS (Street and Number or Rural Roude Number, City or Rown 19. MAILING ADDRESS (Street and Number or Rural Roude Number, City or Rown 19. MAILING ADDRESS (Street and Number or Rural Roude Number, City or Rown 19. MAILING ADDRESS (Street and Number or Rural Roude Number, City or Rown 19. MAILING ADDRESS (Street and Number or Rural Roude Number, City or Rown 19. MAILING ADDRESS (Street and Number or Rural Roude Number, City or Rown 19. 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MOTHER!'S MAME (First, Middle, Maiden Surname) GEORGIA L. SMOOT 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Rural, State, Zep Total) 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Rural, State, Zep College (1-d or 5+) 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Rural, State, Zep College (1-d or 5+) 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Rural, State, Zep College (1-d or 5+) 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Rural, State, Zep College (1-d or 5+) 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Rural, State, Zep College (1-d or 8-) 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Rural, State, Zep 200. PLACE AND DATE of DEPOSITION (Name or DATE) 200. PLACE AND DATE of DEPOSITION (Name or DATE) 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Rural, State, Zep 200. 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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Alee Soperson Allison

BALTIMORIE MARY AND 21215-0020	24 hours after death. Page 6 marker regime by the houselal or attending physician.	filled in by the funeral director, page 5 smouth of detached for use as the burial-transit permit. Pages 1, on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 marker attending physician.	TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages amount of other use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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					_ 01				HEG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) CLAUD 1	А м.	ADDIS	الم					2. DATE O	F DEATH		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 578-44-5419	5. SEX	8. AGE (In yrs. In	st birthday) YRS,	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE O	F BIRTH Day, Year)	29 L	Countr	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give str	met end number)	9		ah OITh	/ POMBI	2010017	ON OF DE	0-	14-			hington, D.
PRINCE GEORGE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY District of Columb		CANTI	R	96. CITY	CH		ALLY				VCE	GEORGES
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION	9					10d. INSIDE CITY
	ia			lash	ing	ton						LIMITS?
10e. STREET AND NUMBER 3476 23rd Str 11. MARITAL STATUS 1 Never Married 2 X Married					10	. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
3476 23rd Str	eet, S.	E.				200	20			Un	ited	States
11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2			If yes, sp	ecify Cuba	OF HISPAN In, Mexican Specify	n, Puerto Ri	(Specify Yes lcan, etc.)	or No—		- American Indian, c, Whita, etc.
15. DECEDENT'S EOUC	ATION	180. 0	ECEDENT'S	USUAL O	CCUPATION	ON		16h.	KIND OF BUS	INESS/IN		
1s. DECEDENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)	completed)		Give kind of e. Do NOT u	work done	during mo	st of working	ng	10.00	KIND 01 000	111237111	DOSTRI	
12th Grade	College (1-4 or 5+)		ayro	11 0	lar	b		Co) [] O = N	m 0 m .	_	
17. FATHER'S NAME (First, Middle, Last)		1 1 6	TYLO.	LI C	TEL				vern		C	
Claude D. San	dora								iddle, Maiden			
	ders							70-0	. Ro			
19a. INFORMANT'S NAME (Type/Print)		-1							er, City or Town			
Willie Addiso	n		347	6 23	rd	Stre	eet,	S.E	E. Wa	sh.	D.C	
20a METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ramo	und doors Chate	20b. PLACE	AND DATE	OF DISPOS	SITION (No			OATE	_		City or To	
4 Donatlog 5 Other (Specify)	TVAL ITOM State	Mary	ematory or o	Mati	onal	Mom	Da	- 1 2	D Ta			arvland
21. SIGNATUR OF UNERAL SERVING LICE	ENSEE DI	I	Laud	22,	NAME A	NO AODRE	SS OF FAC	CILITY _ 7	Hom	ure	M	aryland
V_L	XT.	+										
23. PARTA Enter the diseases, or c	ally	UPU.	Ш	4	001	Ber	nnin	g Ro	., N	.E.	Was	h. D.C.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	EQUENCE O	F): F):								
that initiated events resulting in death) LAST		OR AS A CONSE										
PART II. Other aignificant conditions	AN EMI	A Part Not	rasulting	in the ur	ndariyin	g cause (given in i		24a. WAS AN PERFORI	MED?	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL						105 5-	FATT					
EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Che	ck only one,)			
130 MES 3 NO	1 Inpetient 2 -		_		sing Hom	e 5 □ Ra	sidence (6 🗆 Other	(Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF 1 (Month, Day		28b, TIN	IE OF JURY M		URY AT ORK? YES 2] NO	28d. DESC	CRIBE HOW IN	JURY OC	CURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At h tc. (Specify)	ome, farm,	strest, tec	lory, affic	•		28f. LOCA City or	TION (Street as Town, State)	nd Numbe	r or Rural F	loute Number,
						eath occur		time, data s		dua to ti	he cause(a	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	7510	TATRE)10	Dul	+2	30 TA K	200	A	PAR)	F,	WD	20912
FEB 0 4 1992	2 32. REGISTRAR	, Davidson	-Pand	ell								

in a contract of the contract

HINCE GENGE NOR CENTER CHEVELY FINTE CENTE

18/20 21 -10 -1 6. 6.1 .

YEAR 92

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country) Georgia

730 A M

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

Jr

IF UNDER 24 HRS.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

258-22-6634

œ	9a, FACILITY NAME (If not institution			11 .		96. CITY, TOWN					ITY OF DEAT	
ECTOR	10a. STATE 10b.	COUNTY	IONGI		10c. CIT	Y, TOWN OR LOC	enda	10		PRI		GE RGE
E	100. STREET AND NUMBER	RIM	uce Ge	eorge	3 C	olle	ge Po	ark			1	d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	5108 LA	401	and A	0	0		101. ZIP CODE			10g. CITIZ		T COUNTRY?
Z I	11. MARITAL STATUS		12. WAS DECEDENT			140 1100 0	20740				U.S	_
B	1 Never Married 2 Marrie 3 Widowed 4 Divorced		FORCES? 1	YES 2	NO	If yes,	ECENDENT OF HIS specify Cuben, Mar ES 2 NO Sp	ican, Puert	SIN? (Specif o Rican, etc	y Yea or No		American Indian, hite, etc.
ETED	15. DECEDENT (Specify only higher	'S EDUCA	TION ompleted)	18a.	(Give kind of a	USUAL OCCUPA work done during i	TION most of working	10	6b. KIND OF	BUSINESS/INDI	USTRY	
	Elementary/Secondary (0-12)		College (1-4 or 5+))	Me. Do NOT us	1125.0						
COMPL	1.2				Anim	nal Car	retaker			cultur	e De	ot.
ŏ			1				18. MOTHER'S					
100	19a. INFORMANT'S NAME (Type/Prin		dams Si				R	itte	er Wi	right		
P							t and Number or Ru					
	Althair Ad	ams					and Roa	d, C	colle	ege Pa	rk, I	Md 207
	1 Buriel 2 Cremation 3 C	Remov	al from State	cemetery.	crematory or or	OF DISPOSITION (other place)		1		LOCATION C		
	4 ☐ Donation 5 ☐ Other (Specifical Signature of Funeral Serv			Ma	rylan	d Nat	1. Cem	.2-1	-92	Laur	el, I	Md.
	21. SIGNATURE OF PUNERAL SERV	THE LICEP	11	1	_		and address of Stin Ro		. E.		77	
	10/4	1	Thus	1)	360)5 14th	YSLE	I I	meral	HOM	9
NO	disease or condition resulting in death) Sequentially list conditions,	а., С b.,	Myo Arte	CA CONS	SEQUENCE OF	14fo	Cardi	over	wki	- Dise	Lr	minu'
AL CERTIFICATION	resulting in death)	d	OUE TO (C	OR AS A CONS	SEQUENCE OF	r): F):			24a. WAS	S AN AUTOPSY		Minu Year
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	d	OUE TO (C	OR AS A CONS	SEQUENCE OF	r): F):			24a. WAS		24b. WE AWA	MI SUL
AN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant con	d.	OUE TO (C	OR AS A CONS	SEQUENCE OF	r): F): In the underlyl	ng cause given	in Part I.	24s. WAS PER 1 YE	S AN AUTOPSY IFORMED?	24b. WE AWA	MI SUL
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

6. AGE (In yrs. last birthday)

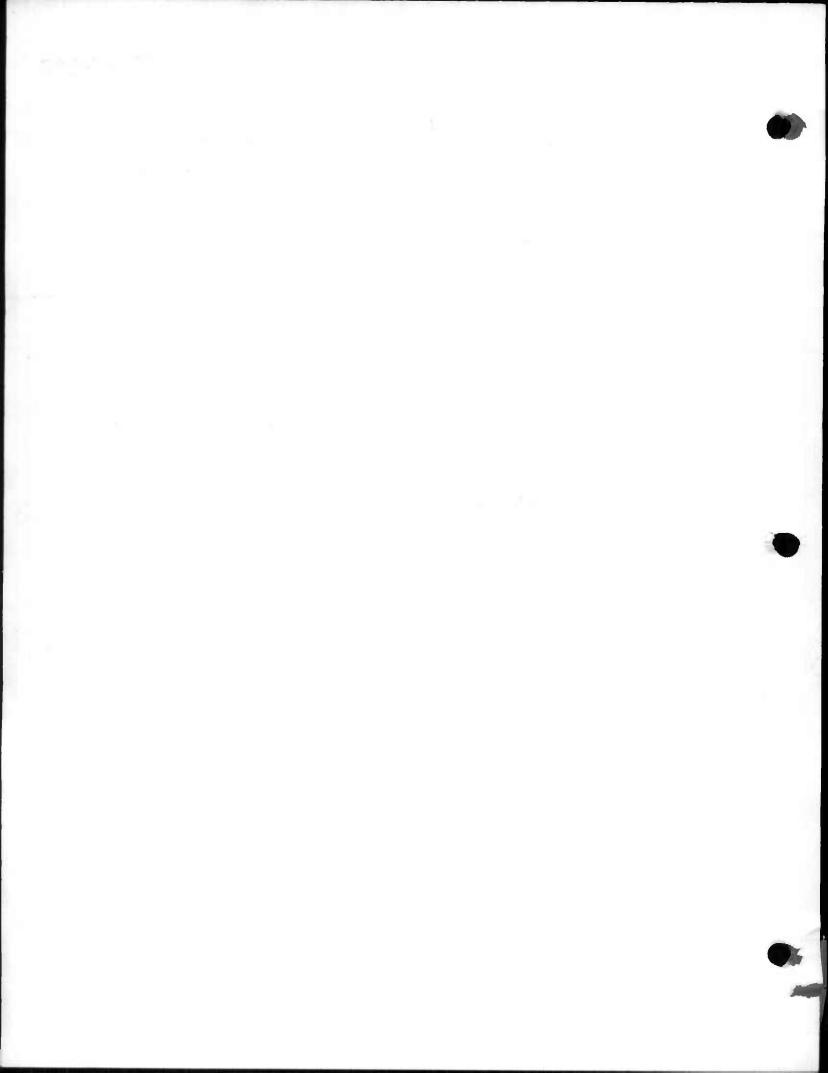
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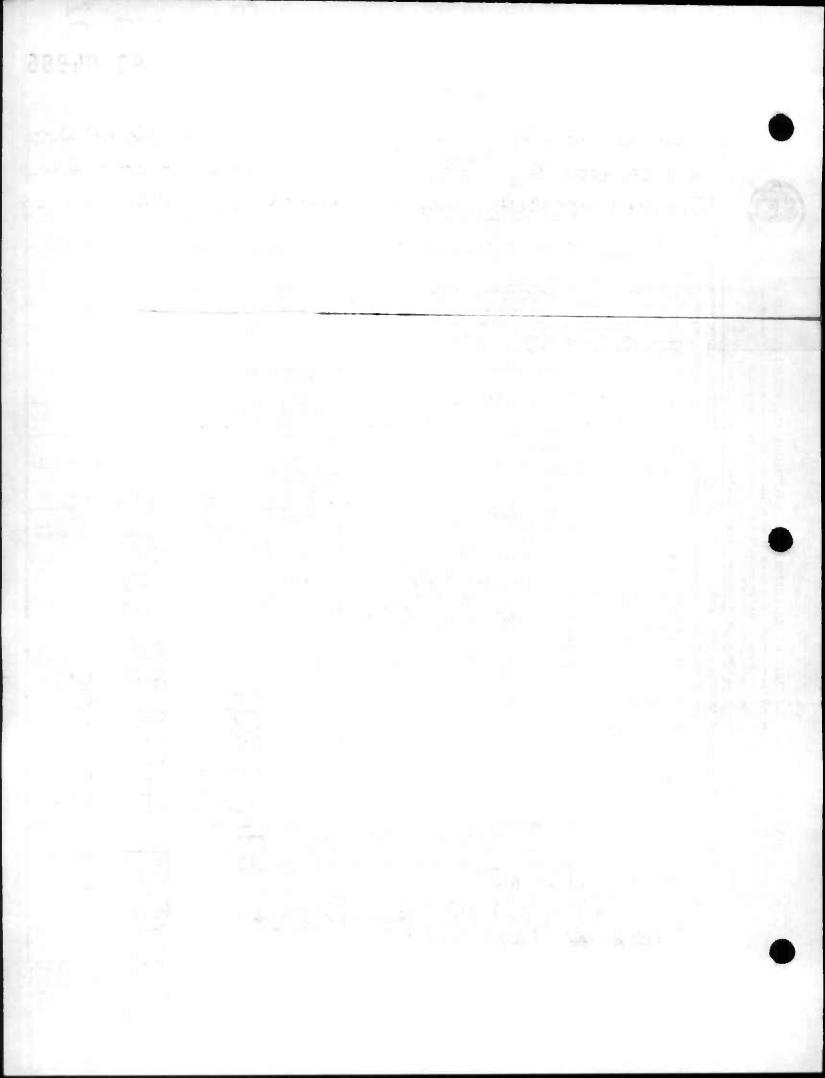
FOR STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATN 3. TIME OF DEATN 1. DECEPENT'S NAME (First, Middle, Last) trong Rm BIRTNPLACE (State or Foreign Country) 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6764 1 - M 2 X F YRS. ocolina 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATN 9a. FACILITY NAME (If not insti 08 aRO Gay DIRECTO RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY Pages 1 X YES 2 NO permit 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 10e, STREET AND NUMBER FUNERAL 08 21629 for use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No-if yee, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: be retained by the hospital or attending physician. 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS FORCES? 1 YES 2 MARYLAND 21203-3146 1 Never Married 2 Married Black BY 3 Widowed 4 Divorced ETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEOENT'S EOUCATION (Specify only highest grade complete 184. DECEDENT'S USUAL OCCUPATION (Give kind of work done life. Do (VOT use retired.) Elamentary. College (1-4 or 5+) actor ntary/Secondary (0-12) -aborek COMPL detached notified at once. 18. MOTHER'S NAME (First, Middle, 17. FATHER'S NAME (First, Middle n by the funeral director, page 5 should be removal. BE 19b. MAILING ADDRESS (S 2 examiner must be 20c. LOCATION BALTIMORE, 20b. PLACE OF DISPOSITION 20a. METNOD OF DISPOSITION after death. Page 6 may 1 Buriel 2 Cremation 3 Removal from State Cemetery 4 Donation 5 Other (Specify) ervices 22. NAME AND ADDRESS OF FACILITY BEACH 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 4 Main M.D. 21643 50, HURLOCK 516 medical 23. PART (i. Sinter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate filled in by interval Between shock, or heart feliure. List only one cause on each line. Onset and Death 0 **IMMEDIATE CAUSE (Final** cremation, event, the disease or condition ymphoma this certificate has been signed by the attending physician and completely i with the State Dept. of Health and Mental Hygiene prior to bunal, crematic executed within reaulting in death) DUE TO YOR AS A CONSEQUENCE OF): BOX 13146, other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events DIVISION OF VITAL RECORDS, P.O. resulting in death) LAST 23 shows any injury, or PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Depression 1 TES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? ltem ; HOSPITAL OTHER: Home 5 Residence & C Other (Specify) 1 inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO 4 🔲 Nurs 9 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 27 MANNER OF DEATH marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death water 28 is mark BY 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 6 Could not be COMPLETED 4 Homicide CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL (
TO THE FUNERAL D
BE filed within 72 h
IMPORTANT: If It (Check only one) red at the time, date and place, and due to the cause(s) and manner as stated 2 MEDICAL EXAMINER: On the basis of ex 296. SIGNATURE AND OFTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D33294 92 12/10/ 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21639 Morket Sti Dentor 920 DOM FFR 1 0 92 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the conditions of th	B. DUE TO B. DUE TO d. DUE TO d. HOSPITAL: 1 D. Investient 2 (25s. DATE OF (More)) 28s. PLACE OF (More).	(OR AS A CONSE	EQUENCE OF TESTIFICATION OF THE PROPERTY OF TH	OTHER 4 D Month	Jac PL	CHUSE C	given in	Part I. 2	An WAS A PERFC	N AUTOPSY THAT IN AUTOPSY THAT	24e	Approxin Interval I Onset an Z AU WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?
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ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST PART II. Other significant condition PART II. Other significant condition To Manner of DEATN 1	B. DUE TO B. DUE TO C. DUE	(OR AS A CONSE (OR AS A CONSE	EQUENCE OF COLUMN CONTROL OF COLUMN CONTROL OF COLUMN CONTROL OF COLUMN CONTROL OF COLUMN CONTROL OF COLUMN CONTROL OF COLUMN CONTROL OF COLUMN COLUM	OTHER 4 D Number of factor	26. PL/ 26. PL/ 26. PL/ 27. office	ACE OF DI	given in	Part I. 2 Cit only one: 6 Cit one: 6 City or 10 City o	Specify) Specify) Specify) Specify) ON (Street Specify)	N AUTOPSY PRINCED? PRIJURY OC and Mumbe n)	246 COMED	Approxininterval i Onset an 2 400 interval i Onset an 2 400 interval i Autopsy i Mail Asia Prijor Of OEATHY 1 YES 2
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST PART II. Other significant condition PART II. Other significant condition To MEDICAL EXAMPLER To VES	B. DUE TO B. DUE TO C. DUE TO DUE T	(OR AS A CONSE (OR AS A CONSE	EQUENCE OF COLUMN CONTROL OF COLUMN CONTROL OF COLUMN CONTROL OF COLUMN CONTROL OF COLUMN CONTROL OF COLUMN CONTROL OF COLUMN CONTROL OF COLUMN COLUM	OTHER 4 D Number of factor	26. PL/ 26. PL/ 26. PL/ 27. office	ACE OF DI	EATH (Che stidence) NO , and due ed at the	Part I. 2 Part I. 2 DESCRIPTION OF THE PART OF THE P	Specify) Specify) Specify) Specify) ON (Street Specify)	N AUTOPSY PRIMED? 2 360 SHJURY OC and Number on due to to	246 CURED TO Plant I	Approxininterval i Onset an Zana Autopsy i Aut
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ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST PART II. Other significant condition PART II. Other significant condition To MEDICAL EXAMPLER To VES	B. DUE TO B. DUE TO B. DUE TO C. DUE TO DU	(OR AS A CONSE (OR AS A CONSE	TODA 288. TIME INJURY OF INVESTIGATION	In the unit	26. PL/ 26. PL/ 26. PL/ 27. office	ACE OF DI	EATH (Che stidence) NO , and due ed at the	Part I. 2 Part I. 2 DESCRIPTION OF THE PART OF THE P	Specify) Specify) Specify) Specify) ON (Street Specify)	N AUTOPSY PRIMED? 2 360 SHJURY OC. and Number on due to to	246 CURED TO Plant I	Approxininterval i Onset an Zana Autopsy i Aut

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DALLIMONE, MANTLAND 21213-0020	hours after death. Page 6 may be retained by the hospital or attending physician	led in by the funeral director, page 5 should be detached for use as the burial-tra , or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOA 887.05,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR	STATE OF MARYLA	NN / NEPAI	RTMENT OF I	IFAITH AND	MENTAL HYGIEN		2 (14988
	1 - STATE REGISTRAR	OTATE OF MATTER		ICATE OF		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	W. ABR	Ams	un		2. DATE OF DEATH	12 9E	3. T	O 2 20 M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In	yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLAC	E (State or Foreign
	577-52-6130	10 M 2 F 54	YRS.	MONTHS DAYS	HOURS MIN.	tarch 25	1937	D	C
	9a. FACILITY NAME (If not institution, give str	set and number)	1	9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
DIRECTOR	404-A Fairlea	Drive		Edg	ewater		Anne	Arı	ındel
REC	10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LOCA	TION			10d.	INSIDE CITY LIMITS?
	Maryland Ann	e Arundel		Edgewa	ter			1 [YES 2 NO
AL	10e. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
E I	404-A Fairlea	Drive			21037		U.	S.A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DAT	2. NO	If yes, a		NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) y:		RACE — A Black, Wh Specify: Thit	
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT	S USUAL OCCUPAT	ON	16b. KIND OF BU	SINESS/INDUST	TRY	
Щ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	work done during muse retired.)	ost or working				
AP		5 +	E	conomi	t	Civil	Serv	rice	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)		
BE	Herbert Weiss				Mary	Weiner			
0	19a. INFORMANT'S NAME (Type/Print)			1		Route Number, City or Tow			
-	Ruth L. Segal					Garrett	Park	MI	20896
Н	20a. METHOD OF DISPOSITION 1	oval from State of ge	metary, cremato	re of disposition (i) or other place)	remator	/12/92 20c. LO	lexan	or Town, S id ri a	R. VA
	21. SHINATURE OF FUNERAL SERVICE LIC		Ku	Tay:	or Fun	eral Chap	pel	1	21401
	23. PART 1. Enter the diseases, or c	omplications that caused	the deeth. Do	not enter the m	ode of dying, suc	ster St.	lratory arreet	00175	Approximata
	shock, or heart fellure. I	List only one couse on as			0 0	•			Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Mult	1 Sy	Acm	toul	~~		i	
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE	OF):	0	0		- i	1
7		Me:	AT 5-	An	Ca	Break			
ERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):				1	
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury								
E	that initieted events	DUE TO (OR AS A	CONSEQUENCE	OF):				l	
	resulting in death) LAST	1.							
CC	PART II. Other eignificent condition	s contributing to deeth bu	it not reculting	In the underly	ng ceuse given in	Part I. 24s. WAS AN			E AUTOPSY FINDINGS
CA	1 henti	Dichter	IDA	m /	STHM	PERFO		COI	ILABLE PRIOR TO APLETION OF CAUSE
	V			1	- 11	1 TYES	ı 🗌 NO		DEATH? YES 2 NO
Σ			- 78					,,,] 1E3 2 [] NO
AN	25. WAS CASE REFERRED TO MEDICAL			26.1	LACE OF DEATH (C	heck only one)			
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpe	itlant 3 🗆 DOA	OTHER:	ma 5 Masidanca	6 Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. T	IME OF 28c. IP	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED	
ВУ	2 Accident Investigation	28e. PLACE OF INJURY	— At home, farm			281. LOCATION (Street	and Number or	Rural Route	Number
TED	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Special	(y)	,,	2.516	City or Town, State			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	edge, death occu	irred at the time, da	a and place, and du	e to the cause(s) and ma	inner as stated.		
MO	anal .	R: On the basis of examination	and/or Investiga	tion, in my opinion,	death occured at th	e time, data and place, a	nd due to the c	cause(a) and	manner as stated.
BE C	296 SIGNATURE AND TITLE OF CERTUFIER	200	M	315 310	29c. LICENSE NO	IMBER	29d. DATE S	IGNED (Mo	nth, Day, Year)

DEATH (ITEM 27) (Type, Print)

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A RESTRANÇANDE DE

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FOR STATE REGISTRAR		STATE OF I	WARYLAND	/ DEPART	CATE (F HEALTI	H AND	MENTAL HYGI		92 049
1. DECEDENT'S NAME (First						-		2. DATE OF DEATH		YEAR 3. TIME OF DEATH
	HN	FRANC	IS	ATKIN	SON			0.2 0		
. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.		IF UNDER 1 YE	AR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	,	BIRTHPLACE (State or Foreign Country)
219 34 61		1 XX 2 - F	55	YRS.	ONTRS OF	HOUNE	MIN.	10-18-		MD
a. FACILITY NAME (# not	institution, give s	street and number)				WN OR LOCA		EATH	9c. CO	OUNTY OF OEATH
Memorial RESIDENCE OF DE	Hospit	tal			CUME	BERLA	ND		A	LLEGANY
On. STATE	10b. COUNT			t0c, CITY.	TOWN OR L	OCATION				10d, INSIDE CITY
MT	7.7.7	Legany								LIMITS?
MD 00. STREET AND NUMBER	AL	regarry			dtown	10f. ZIP CO	ne .		10- 0	1 TYES 2 XX
Route 1 I	2011 00					215				
1. MARITAL STATUS	OUX 03	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13. WAS			NIC ORIGIN? (Specify		USA 14. RACE — American Indian.
Never Married 2	Married	FORCES? 1	YES 2X	Z/10	If ye	n, specify Cul	ban, Mexica	an, Puerto Rican, atc.)	100 DI 100-	Black, White, atc.
Widowed 4 Div	orced	1	WIT ON BRIES		1 ,0	YES 2 XX	O Specit	ry:		Specify: white
15. DEC	CEDENT'S EDU	CATION	16a.	DECEDENT'S U	SUAL OCCU	PATION		16b. KIND OF	BUSINESS/IF	
Elementary/Secondary (College (1-4 or 5	+)	life. Do NOT use	retired.)	y most or won	King			
12				ret.	truck	drive	er	Ke	lly T	ransportation
7. FATHER'S NAME (First, A	Aiddle, Last)					18. MO	THER'S NA	ME (First, Middle, Mak		
Henry		inson					Vio	la Merril	1	
Da. INFORMANT'S NAME (Type/Print)			19b, MAILING	DDRESS (Str	eet and Numb	er or Rural	Route Number, City or	Yown, State, 2	čip Code)
Mrs. Non	na Jane	Atkinso	n	Route	1 Box	k 89 C	ldto	wn, MD 21	555	
0a, METHOO OF DISPOSIT	ION on 3 - Rom	oval from State	20b. PLAC	CE AND DATE Of	DISPOSITIO	N (Name of		OATE 20c.	LOCATION -	- City or Town, State
☐ Donation 5 ☐ Othe	r (Specify)		Day	is Memo	orial	Cemet	ery	2-8	Cumbe	erland, MD
1. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE		1	22. NAM	E ANO ADDR	ESS OF FA		Committee of the	
(lone	7 1	10our	011		So	carpel	li F	uneral Ho	me	
23. PART . Enter the c	liseesea, or o	omplications the	t coused the	death. Do no	t enter the	mode of d	and, ving, auc	MD 21502	epiratory a	arreat, Approximate
/ ehock, or h MMEDIATE CAUSE (Fi	eart renure.	List only one cal	ise on each li	ne.		0				Interval Betwe
disease or condition	1	A	X0	Mr.	BP.		0			Oneet and Dea
eaulting in death)	10	DUE TO	(OR AS A CONS	SEQUENCE OF	100		1	7	CO	- William
	-	in-		Ris	1	-	L.	1		1 000
sequentially list condit any, leading to imme		DUE TO	(OR AS A CONS	SEQUENCE OF)	-	0				- the
ause. Enter UNDERLY	ING		-			~				10
CAUSE (Disease or injune) het initiated events		DUE TO	(OR AS A CONS	HOURNCE OF):	;					
eaulting in death) LAS	т (d								
ART H. Other algolific	ent condition	s contributing to	death but no	e es es deles e le		oden en en		1		
	3011311311	- continuating to	deeth but no	creeuling in	the unger	ying ceuse	given in		AN AUTOPSY ORMED?	AVAILABLE PRIOR TO
								1 YES	NO	COMPLETION OF CAUSE OF DEATH?
										1 TYES 2 NO
une case pro-	D 1155									51
S. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL	-	1	OTHER:	B. PLACE OF	DEATH (Ch	eck only one)		
1 YES 2 NO		-	ER/Outpetient	3 DOA 4	☐ Nursing	Home 5 🗆 F	Residence	8 Other (Specify)		
MANNER OF CEATH	Pending	28a. DATE OF (Month, D		28b. TIME INJUI	RY	INJURY AT WORK?		28d. OESCRIBE HO	V INJURY O	CCUREO
2 Accident	Investigation					YES 2	□ NO			
3 Suicide 6 4 Homicide	Could not be determined	28a. PLACE O building,	F INJURY — At I etc. (Specify)	home, farm, atr	eet, factory, (offica		281. LOCATION (Stre City or Town, Sta	et and Numbe le)	er or Rural Route Number,
A CERTIFIER NO CERT	IFYING PHYON	CIAN: To the host of	my knowledge	death		4-4				
(Check only a MED	ICAL EXAMINE	R: On the beat of a	my knowledge, and/o	or investigation	in my colete	n death ac-	a, end due	to the cause(e) and r	nanner aa sta	ated. the cause(a) and menner as stated.
, B		- /1		Saringi,	THE WEST CO.					
M SIGNATURE AND TITLE	OF CENTROPS						ENSE NUM			TTE SIGNEO (Monin, Day, Year)

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tribe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	JAMES L. ANDERSON				J 64	
_	FOR STATE REGISTRAR		RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGI REG.		
	1. DECEDENT'S NAME (First, Middle, Last) A. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. lest birthde	() IF UNDER 1 YEAR IF UNDER 24 MRS.	2. DATE OF BERTH	16 90	3. TIME OF DEATH 2 03/2 A M BIRTHPLACE (State or Foreign
	033-03-3230	12 F 77 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year	14	NEW JERSEY
TOR	9a. FACILITY NAME (If not institution, give street and	entist Hospital	BOCKUILE	DEATH	9c. COUNTY	OF TE MERY
DIRECTOR	MD MONTE OF		HTHERS BURG			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	8202 MOUNTAIN	ASH WAY	101. ZIP CODE 2087	6		USA
BY FUN	1 Nover Married 2 Married FO	S DECEDÊNT, EVER IN U.S. ÁRMED RCES? 1 1 YES 2 NO VES, GIVE WAR OR DATES UNKNOWN	13. WAS DECENDENT OF HISP, If yes, specify@uban, Mexic 1 YES 2 NO Specific	can, Puerto Rican, etc.		RACE — American Indian, Black, White, etc. Specify: WHTTE,
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) 1 2 Colleg	(Give kind life. De CEDENT (Give kind life. Do NOT PRINTI	"S USUAL OCCUPATION of work done during most of working use retired.) ER		BUSINESS/INDUST	
ш	17. FATHER'S NAME (First, Middle, Last) CARL ANDERSON		18. MOTHER'S N	A NIELSI		
10 8	19a. INFORMANT'S NAME (Type/Print) PAMELA J. ODGERS	19b. MAILJ 806	NG ADDRESS (Street and Number or Rure BUCKINGHAM DR. S	A Route Number, City or SILVER SP	Town, State, Zip Co RING, MD	do) , 20901
	20e. METHOD OF DISPOSITION 1 □ Burlal 2 ☑ Cremation 3 □ Ramoval from 4 □ Donation 5 □ Other (Specify)	m Stata 20b. PLACE OF DISP	POSITION (Name of cemetery, crematory of CREMATORY	200	LOCATION — City ALEXANDR	
	21. SIGNATURE OF FUNERAL SERVICE LICENSÉE	Sarler	22. NAME AND ADDRESS OF MURIEL H. 21525 LAYTONS			ME SVILLE,MD.2088
	23. PART I. Enter the diseases, or compile shock, or heart failure. List on IMMEDIATE CAUSE (Final		o not antar tha moda of dying, su	ich aa cardlac or n	eapiratory arrest	Approximate interval Between Onset and Daath
	disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE	INFARCTION	V		ACUTE
MOIT	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE	OF):			
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury that Initiated events reaulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	OF):			
B	d					
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions conti	ributing to death but not resulting	ig in tha undarlying cause given i	PEI	S AN AUTOPSY IFORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN.	OF WHO CARE DECEMBED TO MEDICAL		OR BUILDS OF DEATH	Ohank anti-anti-		
SICI		PITAL: spatient 2 VER/Outpatient 3 DO/	26. PLACE OF DEATH (OTHER: 4 □ Nursing Home 5 □ Rasidence			
	27. MANNER OF DEATH 2 1 Natural 8 Pending	8a. DATE OF INJURY (Month, Day, Year)	TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE H	W INJURY OCCUI	RED
ED BY	2 Accident Investigation	Se. PLACE OF INJURY — At home, farm building, etc. (Specify)		28f. LOCATION (SI City or Town,	reet and Number or itate)	Rural Route Number,
COMPLETE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To		surred at the lime, date and place, and d			
	29b. SIGNATURE AND THREE OF CERTIFIER	1/1/18	296. LICENSE N	All Desired Company		IGNED (Month, Day, Year)
TO BE	NAME AND ADDRESS OF DESIGNAL WAYS COME	Muy 140	D070	199	1 2	-16-92

FEB 24 1992 ha Davidson

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTI		REG. NO		
1. DECEDENT'S NAME (First, Middle, Line STEWART	W .	MICHA	PT.		2. DATE OF DEATH MONTH D	AY YEA	
4. SOCIAL SECURITY NUMBER 220-10-7892 96. FACILITY NAME (If not institution, give	5. SEX 8. AGE (n yrs. lest birthday) M	F UNDER 1 YEAR IF UND ONTHS DAYS HOURS		02 09 7. DATE OF BIRTH (Month, Day, Year) 10-23-1	8. BH	A:30 P RTHPLACE (State or Foreign unity) MD
Memorial Hospit	al		Cumberla		ATH	Alleg	
10e. STATE 10b. COUL			mberland,				10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO
12 Marion Stre	eet		101. ZIP CO 215			10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2/1/NO	13. WAS DECENDENT If yes, specify Cut 1 YES 2 THE	en, Mexican,	C ORIGIN? (Specify Yes, Puerto Rican, atc.)	or No 14. R.	ACE — American Indian, ack, White, arc.
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	Inte. Do NOT use /	k done during most of worl			SINESS/INDUSTR	
17. FATHER'S NAME (First, Middle, Last)		Tet. S			Hajc E (First, Middle, Malden	Surname)	
Ernest Quen	tin Michael				ie Sarah 1		
19a. INFORMANT'S NAME (Type/Print) Mrs. Hortense	Michael		oness (Street and Numb				
29a. METHOD OF DISPOSITION 149 Burlal 2 Cremafion 3 Re	206.	PLACE AND DATE OF	DISPOSITION (Name of			CATION — City or	Town, State
4 Donation 5 Other (Specify)	Si	unset Mem	orial Park			umberla	nd, MD
23. PART/l. Entar the disease, o	Scarpe	K	Cimberl	li Fu	neral Home		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OH F. DUE TO (OR AS A C. SR DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	an cleu				Interval Batwe Onset and De
PART II. Other significant condition						MED?	4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE OF	DEATH (Chec	k only one)		
1 VES 2 AO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C		:	Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	
3 Suicide 6 Could not b	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stre	et, factory, offica		City or Town, State)	nd Number or Run	il Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHY one) 2 MEDICAL EXAMI	SICIAN: To the beat of my knowle NER: On the beals of examination	edge, death occurred a	n my opinion, death occu	e, end due to	the cause(s) and men	ner se stated.	e(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE			р 3	1579	ER	29d. DATE SIGN	ED (Month, Dlay Year)
Dr. K. Suresh,	517 Oldtown Ro	ad, Cumbe	nt)	2150	2		
31. DATE FILEFEB T 2 199	2 John Levidon	Aprilane.					

region by the hospital or attending physician.	should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	mainer at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and second to use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deut, of Health and Mental Hydiens prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be marked.

	FOR 1 - STATE REGISTRAR	STATE OF N			TMENT OF			MENTAL HYGI REG.		92	04992
	1. DECEDENT'S NAME (First, Middle, Las George		illiam		Bar	rett		2. DATE OF DEATH	1 DAY 3 1	YEAR 9.2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE		1.24 HRS.	7. DATE OF BIRTH	-	,	10:15 A.M
	217-14-7479 Se. FACILITY NAME (If not institution, give	1 M 2 F	69	YRS.	MONTHS DAY	rs Hours	MIN.	Sept. 18	,1922	Mary	vland
~	The second second second				9b. CITY, TOV	VN OR LOCAT	ION OF DEA	ATH	9c. CO	UNTY OF D	EATH
20	11301 Lots f		d			chell	vill	.e	Pr	ince	Georges
DIRECTOR	Maryland Prin	nce George	t's		tchell						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 11301 Lottsford	Road				101. ZIP COD				S.A.	VHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3XXWidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	KYES 2 1 N	MED 10	If yes	DECENDENT (, specify Cube YES XX NO	m, Mexican	C ORIGIN? (Specify , Puerto Ricen, etc.	Yes or No-	Biaci	E — American Indian, k, White, etc. White
COMPLETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12)	OUCATION ide completed) College (1-4 or 5	(G life.	ive kind of v . Do NOT us	E MILLSON	ATION most of worki	ng	16b. KIND OF			
\$	17. FATHER'S NAME (First, Middle, Last)		Me	echan	10				obile		
BE CC	George Thomas Ba	rrett						Nae King			
2	Joseph T. Ury							oute Number, City or cokeek,			
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Re 4 Donation; 6 Other (Specify)	moval from State			of disposition		2/		LOCATION -		wn, state Maryland
	21. SIGNATURE OF FUNERAL SERVICE	J Kal	all		22. NAM Ge	orge	ss of FAC	las Fune	ral H	ome	Md. 20745
	23. PART I. Enter the disease, o shock, or beart fellure immediate CAUSE (Final disease or condition resulting in death)	e. Cond	t ceused the de	9h	86	mode of dy	Ing, such	ea cerdlec or n	eapiretory a	rrest,	Approximate interval Between Onset and Death
NOL	Sequentially list conditions, if any, leading to immediate	b	(OR AS A CONSEC				_				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	(OR AS A CONSEC	DUENCE OF	7):						
8											
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	Can	— Cled	esulting i	n the underl	ying ceuse	given in F	PER	AN AUTOPSY FDRMED? 3 2 NO	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	. PLACE OF D			-		
4	XXYES 2 NO	1 Inpatient 2 I		DOA 28b, TIME				Other (Specify)	252 102 112	201122	
BY P	1 Natural 8 Pending 2 Accident Investigation	(Month, D	ay, Year) 92	Unkn	OWT 1	A h d	NO N	Self Ir Wound			Gunshot
	3 Suicide 6 Could not b	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm, a		office		28f. LOCATION (Str City or Town, St 11301 I	ate)		
COMPLETED		SICIAN: To the best of NER: On the best of ea		ath occurre	d at the time,		, end due t	o the cause(e) end	menner ea st	ated.) end manner ee atated.
BE	29b. SIGNATURE AND TITLE OF CERTIF	IER XX					C M		29d. DA		(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON A	WHO COMPLETED CAUS	SE OF PEATH (ITE						M -	2-1	
	31. DATE FILED (Month, Day, Year) FEB 0 3 1992		R'S SIGNATURE			ree.	Ba	ltimore	mar	yıan	d 21201
	FEB 0 3 1992	gunar	Tavidson-A	andell							

armeter that are

MANAGE THE STREET

S1. DATE FILED (Month, Day, Year)
FEB 0 3 1992

32, REGISTRAR'S SIGNATURE
Julia Sundson-Rendall

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be death by the houseital or attending physical	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages around in describing the use as the burial-filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at face.	
(THE HOSPITAL	THE FUNERAL	IMPORTANT: If	

1. DECEDENT'S NAME (First, Middle, Last)			RTIFICAT			2. DATE	REG. NO.		1	TIME OF DEATH
Batts	George	СТ	D			MONT	177	191	YEAR	1017
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest bi		ER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	1 1	8. BIRTHPL	ACE (State or Fore)
578 68 7315	1_ M 2 F		YRS. MONTHS	DAYE	HOURS MIN.		h, Day, Year)		Country)	
9a. FACILITY NAME (If not institution, give atm	eet and number)	39	9b, CIT	TY. TOWN C	OR LOCATION OF C		6,19		WAS	H.D.C.
Univ of Man	10 . 11		13	-11				1123		
RESIDENCE OF DECEDENT	Juna H	ماده		41+	1 mod	MO		BAI	JTIMO	RE CO.
10a. STATE 10b. COUNTY		1	IOC. CITY, TOWA	OR LOCAT	TION				10	d. INSIDE CITY
.D.C. N/A	5 2		WASHT	NGT	ON, D.C.				1	LIMITS? VES 2 N
10a. STREET AND NUMBER					I, ZIP CODE			10g. CITI	ZEN OF WHA	AT COUNTRY?
-152 BRYANT	ST. N.W.				20002			11	14	
11. MARITAL STATUS	12. WAS DECEDENT EX		D 13	WAS DEC	ENDENT OF HISPA	NIC ORIGIN	17 (Specify Yes	or No	14 BACE -	- American Indian
1 Never Married 2 Married	FORCES? 1 [If yes, sp	ecify Cuban, Maxic	en, Puerto	Rican, etc.)		Black, V	Vhite, etc.
3 Widowed 4 Divorced	IF TES, GIVE WAR	OH DAIES		1 TES	2 NO Spec	ny:		1	Specify:	BLACK
15. DECEDENT'S EDUC		16a. DECE	DENT'S USUAL	OCCUPATION	ON	16b	. KIND OF BUS	SINESS/INC	DUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gilve life, Do	kind of work done NOT use retired.	e during mo .)	est of working					
12th			clerk				PRIVA	TE I	NDUS	TRY
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N				,	
GEORGE C. BATT	CD CD				MARY	FADN	/PD			
19a. INFORMANT'S NAME (Type/Print)	S SK.	19b. N	AJLING ADDRE	SS (Street a	and Number or Rural			n State Zin	Cordel	
MELVIN BATTS		721							, 0000,	
20s METHOD OF DISPOSITION 1 A Burjal 2 Cremation 3 Remo		20b. PLACE AND			GE DR.	LANI			City or Town	
	Juces,	-in	20	719	ADDRESS OF F LPH WIL KENNE	DY S	TREET	VEKA P N.	L SV(3
23. PART I. Enter the diseases, or contact the contact that the contact th	omplications that call at only one cause	on each line.	n. Do not ente	719	KENNE	DY S	TREET	r N.	W.	Approximat interval Bet
shock, or heart failure. L IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUE	in. Do not enter	719	KENNE	DY S	TREET	r N.	W.	Approximatinterval Bet
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Shock, or heart failure. Limited in the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (DR	AS A CONSEQUE	ENCE OF):	719 or the mo	E KENNE	DY Soh aa card	STREET diac or reepidiac or ree	retory arr	W. rest,	Approximatinterval Bet Onset and I Onset a
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in detached for use as the burial-transit permit. Pages 1, 2, 3 should

the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be marked, be hospital or attending physician and completely filled in by the funeral director and elactromed and of the attending physician and completely filled in by the funeral director and elactromed and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIF	ICATE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	F DEATH	av .	VEAS :	3. TIME OF DEATH
		ORGE FRAN	CIS BRC	NWO				MONTH.	JAN 3	0 19	92	11:13 P M
	4. SOCIAL SECURITY NUMBER 293-05-7350	5. SEX	6. AGE (In yrs. In:	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	BIRTH Day, Year) 1 191	4	Country)	SYLVANIA
OR	9a. FACILITY NAME (If not institution, give str NATIONAL NAVAI		CENTER		96. CITY,	- 111	HESDA	DEATH		ATRICK THE	NTY OF DEA	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			_							011100	IIII
DIRECTOR	VIRGINIA ARI	INGTON		10c. CIT	y, town o ARI	LING						Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 1801 S. CRYSTAL	DRIVE				100	22202	2				AT COUNTRY? STATES
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 1	RMED NO		f yea, sp	ENDENT OF NISPA ecify Cuban, Maxic 2 NO Spec	an, Puarto Ric	Specify Yea en, etc.)	or No-	14. RACE - Black, Specify:	- American Indian, White, atc.
ED B			- 1960				21					WHITE
1	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(G	ECEDENT'S live kind of a Do NOT us	USUAL OC	CCUPATIO	ON ist of working	16b. K	IND OF BUS	SINESS/INC	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)			.A.F.	F		Di	EFENS	E		
BE CO	17. FATNER'S NAME (First, Middle, Last) DAVID H. BROW	IN					LE TT	AME (First, Mid [E IDE]			Y	
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number or Rural					•
2	CARLA GORRELL 200. METHOD OF DISPOSITION			2401	N. K	ENT	UCKY STR	REET,	ARLIN	GTON	, VA	
	1 Burlal 2X Cremation 3 Ramo 4 Donation 5 Other (Specify)		20b. PLACE cometery, cre	matory or o	of disposi ther place) Va	Cre:	matory	2/1			city or Town	
	21. SIGNATURE OF FUNDINAL SERVICE LICE	ensete /	Salo	((7 22.1	ARL	INGTON I	UNERA	L HOM	E, I	NC.	
	23. PART I. Enter the diseases, or co	emplications that	caused the de	with the	of order	the me	do of dulan au	TILIAX	DETA	e, Ai	Ling	
	shock, or hasrt failure. L IMMEDIATE CAUSE (Final disesse or condition resulting in death)	let only one caus	RDIOPUL					on se cardia	c or respi	ratory sir	wat,	Approximata interval Between Onset and Death
z		DUE TO (OR AS A CONSE	QUENCE O	F):							
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEC	OUENCE O	F):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEC	DUENCE OF	F):							
	PART II Other elemiticant conditions	nent-thuster to										+
EDICAL	PART II. Other significant conditions	contributing to a	seath but not r	resulting	in the un	derlying	cause given in		PERFOR	MED?	A C	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATN?
N: ME								-			1	☐ YES 2 X NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C)	heck only one)				
YS	1 YES 2 NO	I Ninpatlant 2		1	4 🗆 Nurs		5 🗆 Residence	8 Other (S	(pecify)			
ву Рн	27. MANNER OF OEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day	NJURY (, Year)	28b. TIM INJ	E OF URY M	28c. INJI WO: 1 Y		26d. DESCR	BE NOW IN	JURY OCC	CURED	
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF building, a	INJURY Al ho	me, farm, e	street, facto	ery, office		26f. LOCATION OF 1	ON (Street a fown, State)	nd Number	or Rural Rou	te Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICS	IAN: To the best of r	y knowledge, de	ath occurre	ed at the tir	me, data	and place, and due	to the cause	a) and man	ner as state	ed.	
	2 MEDICAL EXAMINER	On the bear of ex	mination and/or i	investigatio	n, in my op	oinlon, de	eath occured at the	time, date an	d place, and	due to the	e cause(a) a	nd manner as stated.
O BE	XIX	and					MA5753			29d. DATE	SUG2	lonth, Day. Year)
٥	30. NAME AND ADDITED TO THE			И 27) (Туре,	Print)		NATIONA	L NAVA				ΓER
	S. J. SHERIS, LT 31. DATE FILEO (Month, Day, Year)			40			BETHESD	A, MD	2088	9-500	00	
	FFB 0 3 199	2 gulia	's signature Davidson	-Hand	مالات							

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020		
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the months after the law received the control of the months after the law received the control of the law received the law recei		
O THE FINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be untarted in his as the first permit. Pages 1, 2, 3 should	s 1, 2, 3 should	
e med within 7,2 nouts after death with the state Uspit, of Health and Nemal Hydrene prior to burial, cremation, or removal. MPORTANT: If item 28 is marked or item 23 shows any injury or other trainmails event the marked events as a constituted or item.		
THE RESIDENCE OF THE PARTY OF T		

	REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MARY DUPAS	BELL				2. DATE OF DE	EATH	992	3. TIME OF DEATH 5:52 p	
	4. SOCIAL SECURITY PHIMBER 5. SEX 1 M 2			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIII (Month, Day, 09/26/	RTH	8. BIRTH	IPLACE (State or Foreign	
	Pe. FACILITY NAME (If not institution, give street end num	70 07		9b. CITY, TOWN	OR LOCATION OF			Peni	nsylvania	
DIRECTOR	Leland Mem. Ho	50-		Di	slobe				George's	
	Maryland Prince Geo	rge's		town on Local	,				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	4711 Berwyn House Road				1. ZIP CODE 20740			10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Topology Divorced 12. WAS D FORCE IF YES,	ECEDENT EVER IN U. S? 1 TYES : GIVE WAR OR DATE	S. ARMED 2 PNO S	If yes, s	DENDENT OF HISP lecify Cuben, Maxi 2 XNO Spec	ANIC ORIGIN? (Spetten, Puerto Rican, Puerto	city Yee or No— atc.)	14. RACE Bleck Speci	•	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16	Sa. DECEDENT'S U	SUAL OCCUPATI	ON ast of wadding	16b. KIND	OF BUSINESS/IN	DUSTRY	White	
E	9th Grade College (1			rk done during m retired.)	at or working					
OM	17. FATHER'S NAME (First, Middle, Lest)		Housewif	re	10 MOTHERS N	At AME (First, Middle,	Home			
C	Edward	Dupas			Jean	Samu				
TO BE	THE INFORMANT'S NAME (Type-Print)		19b. MAILING A	DDRESS (Street		/ Route Number, City		p Code)		
۴	Paul G. Bell					Glenn l			769 :	
	20s. METHOD OF DISPOSITION 1 St Burtal 2 Cremetion 3 C Removal from B 4 C Donation 5 D Other (Bosoly)		ACE AND DATE OF CITE AT L. MED			2/5/92 I	aurel.			
	21. SIGNATURE OF PUNERAL SERVICE LIGHNSHE	Zula	1	Franc	is Gasc	n's Sons	Funera	1 Hor	me, P.A.	
CERTIFICATION	Sequantially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	PULL OF THE	nono	ry.	failu	MQ		Onset and Deat	
	PART II. Other significant conditions contribut	ing to dasth but i	not resulting in	the underlyin	ceuse given li	Part I, 24a, V	AAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
I: MEDICAL						Р	YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
SA S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	ACE OF DEATH (C	heck only one)			10/1	
PHYSICIAN:	1 VES 2 NO Inpatte	AL: nt 2 - ER/Outpatla		OTHER:	e 5 🗆 Residence	6 Other (Speci	lfy)			
מו וא	27. MANNER OF DEATH Natural 5 Pending Natural Investigation	ATE OF INJURY forith, Day, Year)	26b. TIME (TY WC	URY AT RK? 'ES 2 NO	26d. DESCRIBE	28d. DESCRIBE HOW INJURY OCCURED			
3	3 Suicide & Could not be 28e. P	28e. PLACE OF INJURY — At home, lerm, atreet, factory, office building, atc. (Specify)					201. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the be-								end manner es atated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER A	rand.	M.D	>_	29c LICENSE NU	MBER 2	29d. DAT	E SIGNED	(Month, Dey, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETE SATEEV ANAL, M	D. 722	7-B+	lanover	- PKM	Greent	zelt, Mi) 2	0770.	
	FEB 0 4 1992 32. RE	ulia Davidson	n-Randell		01					

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, 3 should at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be income to TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral executions are 6 models be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be income. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	1-5-11-74							2. DATE OF	DEATH			3. TIME OF DEATH
		Linda L	ouise B	usey					1	3	ì	92	1:50 Pu
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)			IF UNDER		7. DATE OF I	BIRTH		8. BIRTH	PLACE (State or Foreign
	219-52-7034	1 □ M 2XXF	43	YRS.	MONTHS	DAYS	HOURS	MIN.	8/17/	48		Mary	yland
_	9a. FACILITY NAME (If not institution, give e	treet and number)			9b. CITY	TOWN	OR LOCATIO	ON OF DE	ATH		Sc. COU	NTY OF D	EATH
DIRECTOR	7132 Carriage Hil	Drive			Lâ	ure	1				Pr	ince	George
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY
5	Maryland Princ	ce George			urel		non-						LIMITS?
	10e. STREET AND NUMBER	e deorge		La	urer	10	r. ZIP CODE				10a CITI	ZEN OF Y	MX YES 2 ☐ NO WHAT COUNTRY?
FUNERAL	7132 Carriage Hil	Drive					20707	7			USA		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	WED	13.	MAS DE	ENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yes		14. RACE	- American Indian,
BYF	1 Never Merried 2 (Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2XXN	0			ecify Cuber 2 XXNO	n, Mexicar Specify:	n, Puerto Ricar	n, etc.)		Speci	
													White
E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gh	ve kind of	work done one retired.)	CUPATI Juring me	ON est of worldn	g	16b, KIN	ID OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)		reta					Do	ctor	nfi	Fico	
MO	17. FATHER'S NAME (First, Middle, Last)	-	1500	Ctu	I I d I	-	10 MOTH	ED'S NAS	ME (First, Middl		_	ice	
O III	William Harvey								e Glor		porrientrej		
BE	19a. INFORMANT'S NAME (Type/Print)		196	MAJLING	ADDRESS	(Street			loute Number, C		State, Zip	Code)	
임	Thomas B. Busey								Lau				20707
	20a. METHOD OF DISPOSITION 1 Burlel 2XXCremation 3 Remo	nal from State	20b. PLACE A	ND DATE	OF DISPOS	TION /N	ame of		DATE	20c. LOC	ATION -	City or To	wn, State
	4 Donation 5 Other (Specify)		Baltin	nore.								Mary	/land
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			F F	ec K	Fune	era T	Home,	Inc			
	23. PART I. Enter the diseases, or c	Least o	U		76	01	Sandy	Spr	ring R	d. I	aure		4D 20707
IO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		HOSPITAL: 1 Inpetient 2 28e. DATE OF I (Month, Da) 28a. PLACE OF building, e	DR AS A CONSEQUENCE OF THE PROPERTY OF THE PRO	DOA 28b. Till INJ	OTHER 4 Nurs E OF FURY M	26. Mil: ing Hom 28c. INJ WC 1 ory, offic	OF DE	EATH (Checkleders of NO and due to det the t	ck only one) Differ (Sp. 28d. DESCRIB 28f. LOCATION City or You to the cause(e)	PERFORM YES 2 YES 2 PERFORM YES 2 ONLY ONL	JURY OCC	24b. ZURED or Rural R ad. a cause(e)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	31. DATE FILED (Month, Day 1992) 1992	32. REGISTINAR	Spignature Valled	Pande	rea ee	بلكو	W.	h	1				

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11215-0020

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BALTIMORE,

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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (Figst, Middle, Legt) Robert A. Byers RS 2. DATE OF DEATH MONTH 3. TIME OF DEATH obent 2 2 9 92 554A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
9 + /111- [339] IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 KM 2 | F MONTHS DAYS HOURS MIN 506-42-7633 Nebraska permit. Pages 1, 2, 3 should Sq. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Beltsville Hospital Prince bearges Greater Lyunel DIRECTOR Laurel RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD HOWARD LAUREL 1 YES 2 XNO BY FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Road 9330 #222 Corman burial-transit 20723 USA attending physician. 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexicen, Puerto Rican, etc.)
 U YES 2 ND Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/XNO 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 XXMarried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTR ndary (0-12) College (1-4 or 5 +) 0 Spiniello Construction Foreman notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) James D. Byers, Sr. BE Gwendolyn Shroeder 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sue Byers #22 9330 Gorman Rd. rurs after death. Page 6 may be Laurel MD 20723 Pe 20s. METHOD OF DISPOSITION
1 Suriel 2/CyCremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must and completely filled in by the funeral director, o burial. cremation, or removal. Baltimore-Washington Crematory | Laurel, Maryland 21. SIGNATURE OF FUNERAL BEINGS LICES 22 NAME AND ADDRESS OF FACILITY FICE FUNCTAL HOME, Inc. 7601 Sandy Spring Rd. Laurel, MD 20707 build the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, medicar 23. PART I. Enter the diseases, or con Approximate ock, or heart failure. List only one Interval Between IMMEDIATE CAUSE (Final Onset and Death within 24 n # disease or condition Carcinoma of win Metastases Luna resulting in death) event, 4 th DUE TO JOR AS A CONSEDUENCE OF executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury attending physician antal Hygiene prior to certificate be other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 has been signed by the atter Dept. of Health and Mental injury, PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS amy AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? Shows : 1 YES 2 ND PHYSICIAN: MP. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) Item DR ATTENDING PHYSICIAN: The TO THE MOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate he filed within 72 hours after death with the State IMPORTANT: If Nem 28 is marked, or flem OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation NIA 1 YES 2 NO BY 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 🔲 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Denuty Wedical 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Punllin 01852 Examine 2 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 403 Queensbury DEVORE MD 31. DATE FILED (Month, Day, Year) 1992 32. REGISTRAR'S MENATURE Pandell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

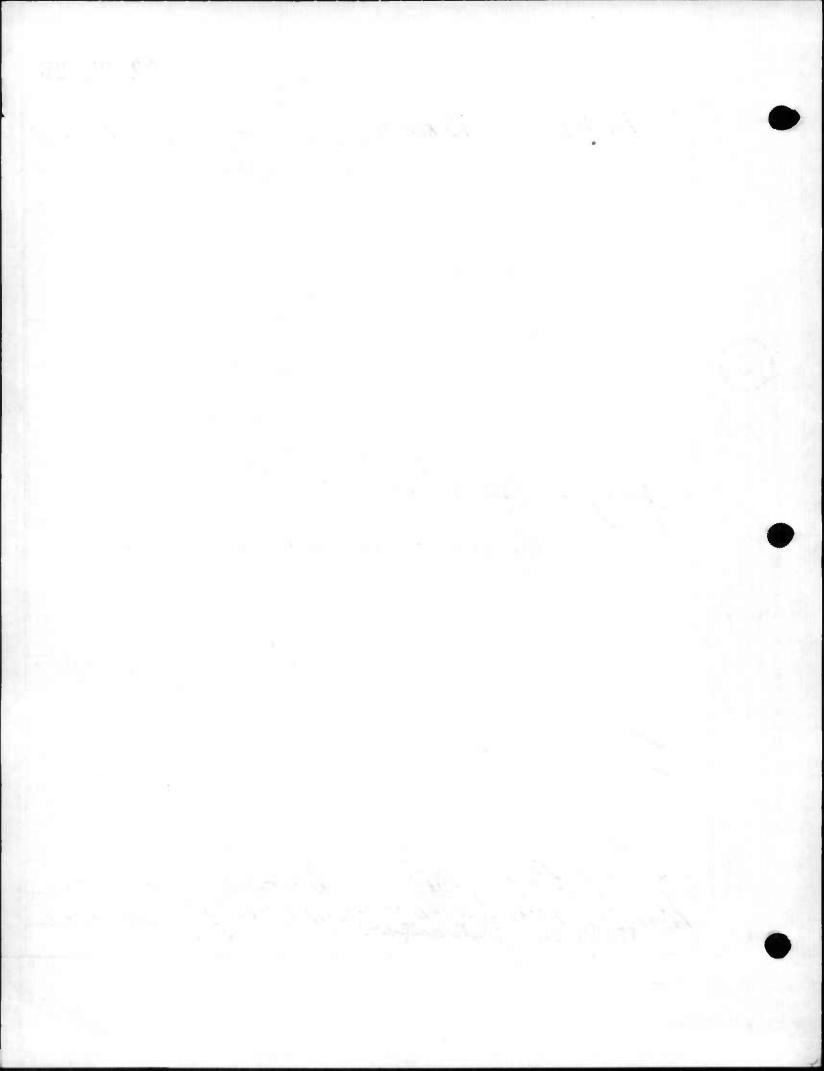
And the second of the second o

15-0020	tending physic	as the burial-		
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the insurance attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described to see as the burial be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	nce.	
MARYL	retained In	5 should be d	notified ma	
IMORE,	Page 6 may be	director, page	er must be	
BALT	s after death. I	by the funeral	dical examin	
30,	within 24 hour	pletely filled in cremation, or r	ent, the me	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	te be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified angues.	
S, P.O. E	death certifica	e attending phy Aental Hygiene	ury, or other	
ECORD	equires that the	en signed by the	hows any In	
VITAL B	tAN: The law n	tificate has be e State Dept.	or Item 23 s	
ION OF	NDING PHYSIC	R: After this centre of death with the	is marked,	
DIVIS	PITAL OR ATTE	ERAL DIRECTOR	F. If Item 28	
	TO THE HOSE	TO THE FUNE be filed within	IMPORTAN	

_	FOR STATE REGISTRAR	Miriche Land	STATE OF I		/ DEPAR						REG. NO	IE		04998
	Day.	112/		Ba	onhi	11				MONT	OF DEATH	MY Q	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUME	DER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UND	R t YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	1	A. BIRTHPL	ACE (Stete or Foreign
	240-70-6173		1- M 2 - F	46	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar	1, Day, Year)	945	Country)	NGION. N.C
	9e. FACILITY NAME (# not in	etitution, give e	treet and number)	10		9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE		10 1		TY OF DEA	
OR	PRINCE GEO		HOSPITAL	1		CH	EVERI	LY				PRIN	CE GE	ORGE 'S
2	RESIDENCE OF DEC	10b. COUNT	v		40a CIT	y TOWN	OR LOCAT	ION						
DIRECTOR	MARYLAND		NCE GEORG	EIS			RELY	ION						Dd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	- 40-0	.023 023010		1 01	TO V 110		ZIP CODE		_	10g. CITIZEN OF WHAT CO			YES 2 NO
FUNERAL	1841 CEDARW	COD CI				20785					USA			
S	11. MARITAL STATUS		12. WAS DECEDEN			13	. WAS DEC	ENDENT O	F HISPAN	VIC ORIGIN	7 (Specify Ye		14. RACE -	- American Indien,
BY	1 Never Merried 2 X 3 Widowed 4 Divo		FORCES?	YES 2 NAR OR DATES	Ом∑		If yes, spe	city Cuber 2 X NO	n, Maxica	n, Puerto	Rican, atc.)		Black, V Specify:	Yhite, atc.
COMPLETED		EDENT'S EDU highest grade		16a. I	DECEDENT'S	USUAL (OCCUPATIO	IN at world	-	18b	KIND OF BU	ISINESS/INDI	USTRY	
E E	Elementary/Secondary (0		College (1-4 or 5	• }	(Give kind of life. Do NOT u			st or workin	g					
MP				SE	CURIT	Y G	JARD			GC	VT			
	WILLIE BARN										Viddle, Melder	Sumame)		
BE										ORBE				
9	199. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 1841 CEDARWOOD OF CHETTEDET V NO 200705													
	1311 CIDATIOOD CI, CHEVERELI MD 20(85)													
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of the place o													
	HARMONY MEM. CEMETERY 2—8—92 LANDOVER, MARYLAND 21. SUMMATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FIGURE JENKINS FUNERAL HOME													
	7474 LANDOVER RD, LANDOVER MARYLAND 20785													
	immediate cause (Fir dispass or condition resulting in death)	eart failure.	a. Hyper	t coused the cise on each ile	ne.	ana					due or reep			Approximate Interval Between Onset and Death
ERTIFICATION	Sequentially list condition in any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust that initiated eventairesulting in death) LAS	diate NG ry	c	(OR AS A CONS										
O	PART II. Other aignifica	nt condition	a contributing to	death but not	recuiting	In the u	nderlying	cause g	iven in	Part i.	24a, WAS AN			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
DIC											1 TYES		C	OMPLETION OF CAUSE F DEATH?
ME														YES 2 NO
Z	25. WAS CASE REPERRED TO EXAMINENT	MEDICAL	HOSPITAL:			OTHE		ACE OF DE	EATH (Ch	ack only on	•)			
CIAN		1 Pres 2 NO 1 Inpetient 2 RNOutpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									(Specify)			
YSICIAN				EBA SE EFFOY	28b. TIM		28c. INJU	JRY AT		26d. DES	COURT HOW			
IN PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Netural 5	Pending investigation	28e, DATE OF (Month, E		IN.	M		RK? ES 2] NO		CHIBE HOW	INJURY OCC	URED	
ВУ	27. MANNER OF DEATH 1 Petural 5 2 Accident 3 Suicide 6		(Month, E			M	1 🗆 Y	ES 2) NO		ATION (Street or Town, State	end Number		te Number,
	27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only 1 CERTI	investigation Could not be determined	28e. PLACE Coulding.	F INJURY — At I atc. (Specify)	home, farm,	M street, fac	1 Y	ES 2	and due	City to the cau	ATION (Street or Town, State	end Number (or Rural Rou	te <i>Number,</i> and manner ee stated.

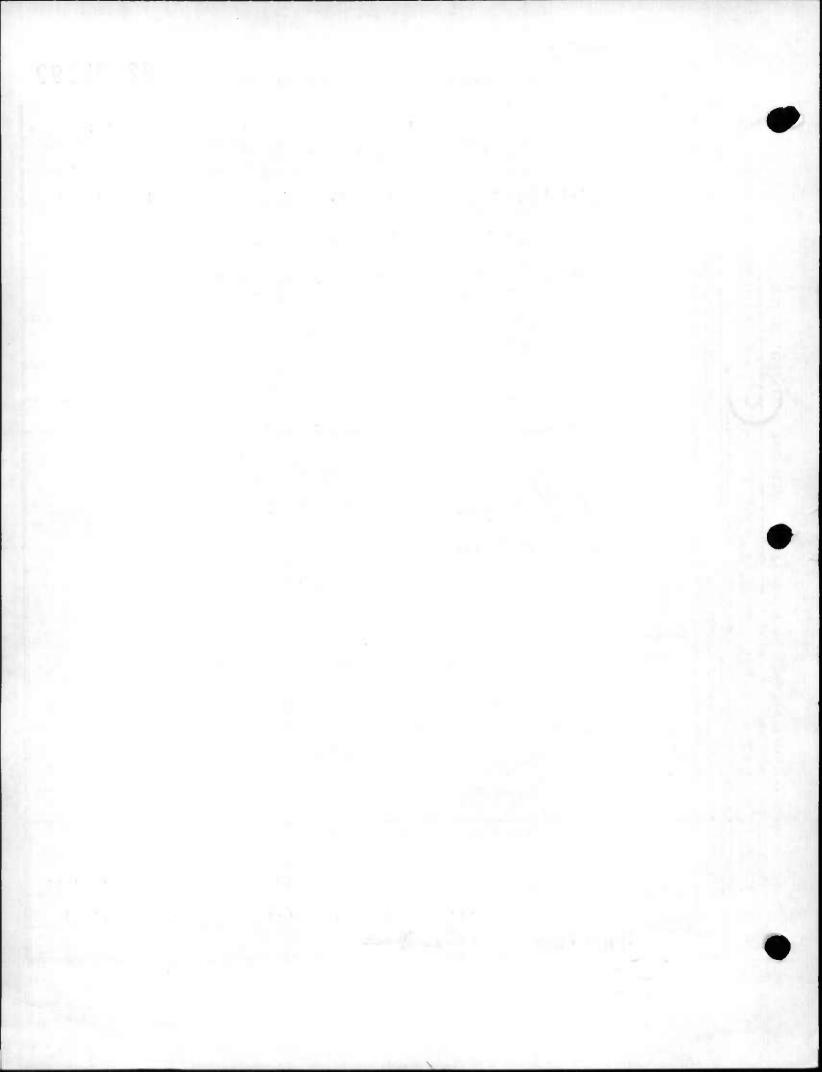
PART II. Other aignificant condition	a contributing to death but not resulting in the underlying cause given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
25. WAS CASE REPERRED TO MEDICAL	26. PLACE OF DEATH (Check only o	ine)	

DHMH-16 Rev 1/89



to graphital or attending of	in at the department for use as the bu	mee'st once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours interior death. Place 8 may be elastroom, the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director present after the disperse of Health and Mental Hydiene prior to burial, cremation, or remove.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical azaminer must be notine at ence.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has the filed within 72 hours after death with the State Dept.	IMPORTANT: If Item 28 is marked, or Item 23

1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTM CERTIFIC				SIENE . NO.	2 04333		
1. DECEDENT'S NAME (First, Middle, Las GARY	0)	BLAKE			2. DATE OF DEA 0 MONTH 3	0 DAY 199	3. TIME OF DEATH 11:52 A		
4. SOCIAL SECURITY NUMBER 577-58-1276 90. FACILITY NAME (If not institution, give	1X M 2 [] F	48 YRS. MO	UNDER 1 YEAR	IF UNDER 24 HR\$. HOURS MIN.		(H and a land) 4 3	Nash., D.C.		
		96		RANIE F			PRINCE GEORGE		
3808 31st RESIDENCE OF DECEDENT 10a. STATE Md.	P.G. Mt. Rainier					10d. INSIDE CITY LIMITS? 1 1 ≥ YES 2 □ N			
10e. STREET AND NUMBER 3808 31st 11. MARITAL STATUS 1 Nover Married 2 52 Merried	St.			ZIP CODE 20712			U.S.A.		
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 Tyes IF YES, GIVE WAR OR I	If yes, spe		NIC ORIGIN? (Speci in, Puerto Rican, et y:		4. RACE — American Indian, Black, White, atc. Specify: Black			
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 1 1 th 17. FATHER'S NAME (First, Middle, Last)	OUCATION de completed) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use re Truck D:	done during mos tired.)			vate In			
John Bla 19a. INFORMANT'S NAME (First, Middle, Last) John Bla	ke			Nell	ME (First, Middle, M ie Hard	dy			
Charlotte V. 1		511 6	2nd Pl	. # C,	Seat P.		,Md.20743		
1 Separation 3 Red 4 Donation 5 Other (Specify)	emoval from State	b. PLACE AND DATE OF D metery, cremetory or other a rmony Me	em. Pa	ork 2/ D ADDRESS OF FA	6/92 La	Sons, I	,Md.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	5 001	espicio	T				
PART II. Other algnificent condition	ona contributing to death i	but not resulting in t	he underlying	ceuse given in	PE	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? X1 X1 YES 2 \(\text{N} \) NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	ACE OF DEATH (Ch					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF CEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJL WOR	RY AT	6 Other (Specify 28d. OESCRIBE H	O INJURY OCCU	RED		
	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stree cify)	t, factory, office		28f. LOCATION (S City or Town,	itreet and Number or State)	Rural Route Number,		
3 Sulcide 6 Could not b determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of my know	viedge, death occurred at on end/or investigation, in	t the time, date on my opinion, de	and place, and due ath occured at the	to the cause(a) an	d menner ee stated. ce, and due to the o	Daute(a) and manner as stated.		
30. NAME AND ADDRESS OF PERSON W	The w			29c. LICENSE NUI	ABER		SIGNED (Month, Day, Year) 31 1992		
MANDING P. K	32. REGISTERAR'S SIGN	1 PENN ST	TREET	BALTI	MORE, MA	ARYLAND	21201		
FEB 0 6 1	Jy4 gunas	avidson-Aande)Olya						



TO BE COMPLETED BY FUNERAL DIRECT	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem
the funeral director, page 5 should be detached for use as the burial-fra showning of es 1.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriant and completely filled in by the funeral director, page 5 should be detached for use as the buriant and completely filled in by the funeral director, and the funeral director is a second of the funeral director of the funeral
ter death. Page 6 may be retained by the hospital or attending physicia	TO THE HOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physicia
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR	SIAIE UF	MARYLAND / DEPAI CERTIF		OF DE		MENTA	NL HYGIEN REG. NO.	_		
1. DECEDENT'S NAME (First, Middle,	ast)	02.1111	TOATE	OI DE	-		E OF DEATH			3. TIME OF DEATH
KATHERINE		М.	В	AUER		MON 0.2			YEAR 992	6:03 P.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)		YEAR IF UN	DER 24 HRS.		OF BIRTH		8. BIRTH	PLACE (State or Foreign
212-60-782	7 1 1 M 2 D F	40 YRS.	MONTHS	DAYS HOUR	S MIN.	7.	-19-5	5/	Country	mo.
9a. FACILITY NAME (If not institution,	live street and number)		96. CITY,	TOWN OR LOC	ATION OF		, ,	7	TY OF DE	
18 S.Broadwa	У		BAL	TIMOR	E CI	TY				
RESIDENCE OF DECEDEN 10a, STATE 10b, CC	r	1								
18 S.Broadwa RESIDENCE OF DECEDEN 10a. STATE 10b. CC	DNIT	10c. CI	TY, TOWN OF							10d. INSIDE CITY LIMITS?
			BA	_						1 YES 2 NO
				10f, ZIP C				10g. CITIZ		HAT COUNTRY?
18 S, B		NT EVER IN U.S. ARMED	1		1231				US,K	-
	FORCES?	1 YES 2 NO	11	yes, specify C	uban, Mexi	can, Puerto	IN? (Specify Yes Rican, etc.)	or No-	14. RACE Black,	— American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES	1	YES 2 21	VO Spe	offy:			Specif	DHITE
(Specify only highest Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Las		16a, DECEDENT'S			_	16	b. KIND OF BUS	SINESS/IND	USTRY	<i>-</i> /4c
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5	IIIn Do NOT a	work done du se retired.)	uring most of wo	orking					
12			(Kee,	per			Red	ORI	25	
17. FATHER'S NAME (First, Middle, Las					OTHER'S	IAME (First,	Middle, Maiden			
CLYDE M	Ackinn	ON		E	Di	EH	KEY.	ES		
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS	(Street and Num	ber or Run	I Route Nun	nber, City or Town	n, Statu, Zip	Code)	
William B	AUCR	310	S	. HiG	4 5	T.	BAL	LTa :	2/20	2 MD.
20a. METHOD OF DISPOSITION 1 Burial 2 Commation 3	Removal from State	20b. PLACE AND DATE cemetery, crematory or or	OF DISPOSIT	TION (Name of		DA	TE 20c. LO	CATION —	City or Tov	vn, State
4 Donation 8 Other (Specify)	46	- Metre	Rem	ATOR	Y	2-	22 P	ALT	à , A	nD.
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. N	AME AND ADD	RESS OF	FACILITY				
	0,00.1	Vho -	32	77 (11.	111	CT F	30.7	3 2	1202 MD.
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a CHP	COMC ALCO	OHOL	us m	wit	d A	SCIT	35		
resulting in death) LAST	d									
PART II. Other significant cond	tions contributing to	death but not resulting	in the und	leriying ceus	e given i	n Part i.	PERFOR	AS AN AUTOPSY ERFORMED?		WERE AUTOPST FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
						,				
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF	F DEATH (Check only o	nne)			
1X YES 2 □ NO		☐ ER/Outpetlent 3 ☐ DOA			Residence	8 X Oth	er (Specify) 1 8	S.E	BROA	DWAY
27. MANNER OF DEATH 1 Netural 5 Pending Investigat	28a. DATE OF (Month, E		JURY M	28c, INJURY AT WORK? 1 YES		28d. DE	28d. DESCRIBE HOW INJURY OCCURED			
3 Suicide 8 Could no	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							oute Number,		
		f my knowledge, death occurs								and manner as at-1-4
790. SIGNATURE AND TITLE OF CER		A	, ,				and place, an			
	ROW -	h pd			ICENSE N					(Month, Day, Year)
M. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAN		Print)	10	. C . M	L.E.		02	1-19	-1992
MARIO F. GO	UBJR	IMP 111		STRE	ET B	ALTI	MORE	MARY	LAN	D 21201
FEB 25 1992	32: REGISTRA	AR'S SIGNATURE								

